



## ASSUMPTION OF RISK

COVID-19

*NOTICE: This is a legally binding document. Please read it in its entirety before completing and signing. Members may not participate in any SRPC sponsored activities where there is contact with other non-family members without first completing and submitting this form.*

### COVID-19 WARNING

The Novel Corona Virus 2019 (COVID-19) is an extremely contagious virus that spreads easily from person to person. COVID-19 infections have been confirmed throughout the United States, including Arizona. Federal and state authorities recommend social distancing as well as wearing face coverings as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Sedona Race Pace Club (SRPC) sponsored programs and activities (e.g., swimming practice, dryland activities, other SRPC functions) could increase the risk of contracting COVID- 19.

In anticipation of local pools opening again, SRPC is implementing as many precautions as possible to prevent the spread of COVID-19 during SRPC sponsored activities. Despite these precautions, SRPC in no way warrants or guarantees that SRPC members and their families will not be exposed to or contract COVID-19 through participation in SRPC programs and activities. Thus, SRPC strongly discourages swimmers who are at high risk or who have parents/guardians who are at high risk for severe illness from attending practice and participating in SRPC sponsored activities.

More information about at-risk individuals and extra precautions can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>]



## AGREEMENT

By completing and signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my children and/or my family may be exposed to and infected with COVID-19 while participating in Sedona Race Pace Club sponsored activities and that such exposure or infection may result in illness, personal injury, permanent disability, and/or death. I also understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SRPC's employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury resulting from exposure to COVID-19 (including, but not limited to, personal injury, disability, and/or death) to myself, my children and my family. I understand that any time a swimmer or parent feels like the risk is too great to the swimmer or swimmer's family, the swimmer and/or parent may decide to leave or not attend the SRPC sponsored activity.

Please fill out and sign the following page.



Assumption of Risk for Minor Children COVID-19

I hereby release, covenant not to sue, discharge, and hold harmless SRPC and its employees, agents, and representatives, of and from any claims arising out of the my, my children and/or my family's exposure to COVID-19, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of SRPC and its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in SRPC sponsored activities.

**By signing this agreement, I also agree to ensure that I and my family understand and will follow all of the precautions put in place by SRPC and its host facility.**

\_\_\_\_\_  
Signature of Non-Minor Member

\_\_\_\_\_  
Date Signed

**A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE REMAINDER OF THIS FORM FOR MINOR MEMBERS OF SRPC:**

\_\_\_\_\_  
Signature of Parent or Legal Guardian Completing Form

\_\_\_\_\_  
Date Signed

PARENT/GUARDIAN INFORMATION		
Name		
Address		
City	State	Zip

NAME(S) OF YOUR MINOR CHILD(REN) PARTICIPATING IN SRPC PROGRAMS		
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian

**Please scan and return the completed waiver to Brook at [sedonaracepace@gmail.com](mailto:sedonaracepace@gmail.com) prior to June 8, 2020. If you do not have scanning capabilities have your swimmer bring it with them during their first practice. ANY swimmer without a completed waiver will be unable to practice.**