



Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to the following participation terms and assume the risk that my child and I may be exposed to or infected by COVID-19 by attending the Junior Tritons' Season events and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

Participation terms:

- SANITIZE OFTEN, WASH HANDS FREQUENTLY.
- NO EATING INSIDE THE GYM.
- NO TRASH LEFT BEHIND.
- IF YOU ARE FEELING ILL, PLEASE REFRAIN FROM ENTERING THE FACILITY.
- IF YOU ARE DIAGNOSED SICK WITH COVID-19, PLEASE CONTACT ANY JUNIOR TRITONS' REPRESENTATIVE.

I understand that the risk of becoming exposed to or infected by COVID-19 in the Junior Tritons' Season events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Junior Tritons' directors, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself, also illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance/participation in the Junior Tritons' Season events ("Claims").

On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless North St. Petersburg Basketball for Youth, Inc., also known as Junior Tritons, its directors, agents, and representatives, as well as the City of Saint Petersburg, of and from the Claims.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Junior Tritons, its directors, agents, and representatives, and the City of Saint Petersburg, whether a COVID-19 infection occurs before, during, or after participation in any Junior Tritons' activity.

Participant's Name: _____

Parent/Legal Guardian Name: _____

Signature of Parent/Legal Guardian: _____ Date: _____