



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## COVID-19 ASSUMPTION OF RISK AND RELEASE AND WAIVER OF CLAIMS ADDENDUM

I hereby acknowledge the health risks and dangers associated Coronavirus, COVID-19. COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can, among other things, lead to severe illness, personal injury, permanent disability, and death. Participating in Shasta Family YMCA programs or accessing The Shasta Family YMCA facilities could increase the risk of contracting COVID-19.** The Shasta Family YMCA in no way represents or warrants that COVID-19 infection will not occur through participation in The Shasta Family YMCA programs or accessing The Shasta Family YMCA facilities.

I have read and fully understand and acknowledge the contents of this Addendum. I, for myself and on behalf of my family, voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my family of myself in connection with COVID-19. In exchange for participating in The Shasta Family YMCA programs or accessing The Shasta Family YMCA facilities, I, for myself and on the behalf of my family, further agree that I am voluntarily waiving, releasing, indemnifying and discharging The Shasta Family YMCA and its officers, directors, employees and volunteers for, from and against any and all liability, damages, and each and every action including, but not limited to, exposure or transmission of the COVID-19 virus (collectively, "Claims") through participation in The Shasta Family YMCA programs or accessing The Shasta Family YMCA facilities.

I represent that I have full authority to sign on behalf of my family and that my signature binds each other person having authority to make decisions on behalf of my family.

**My signature below is confirmation that I have read and fully understand and acknowledge the contents of this Addendum and agree that I am voluntarily assuming the risk in connection with COVID-19 and waiving, releasing, indemnifying and discharging The Shasta Family YMCA and its officers, directors, employees, and volunteers for, from and against the Claims.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_