



1 Harry S Truman Parkway
Annapolis, MD 21401
410-222-7865 fax: 410-222-4120

Volunteer Participation Agreement, Release and Waiver
For Anne Arundel County Recreation and Parks Youth And Adult Sports
During 2020 COVID-19 Epidemic

Name/Description of Event: _____

Date: _____

Name of Participant: _____

I, on behalf of myself and/or my child, hereby voluntarily wish to assist and participate, or virtually participate through the Internet online, in the above-referenced event or activity sponsored by Anne Arundel County, Maryland, Department of Recreation and Parks (“the County”). I understand that I and/or my child do so at our own risk and hereby waive and release the County and sponsoring organization from all claims and liabilities of any kind arising out of my or my child’s participation, including but not limited to illness, bodily injury, property damage, liabilities, losses, damages, fines, costs, fees, and expenses including attorney’s fees and costs (at both any trial and appellate levels) arising out of or in any way connected to or relating to me or my child’s participation. I understand that I am responsible for any insurance needs in case of any illness, harm or injury and that no such insurance is provided by the County.

Furthermore, I understand that although safety precautions will be observed, the County, its agents, servants, and employees will not be responsible for any claim of any privacy violation through my or my child’s participation, or for any illness, harm or personal injury I or my child may sustain in participation at the event specified above.

I also consent to the County's use of any photographs, recordings, data, information and/or videotapes made of the event, whether through an online internet or virtual presentation or provided in person and I, on behalf of myself and my child, waive any privacy, ownership or copyright concern in any presentation or recording of my work at an event, on the internet online or in a virtual setting.

For League participation during the COVID-19 virus epidemic, I also voluntarily accept, acknowledge my agreement, and will follow, as parent or guardian on behalf of myself and my child, the following conditions or requirements:

1. Based on the COVID-19 virus, I verify that neither myself nor my child has any underlying health condition making myself or my child particularly vulnerable to COVID-19, that neither myself nor my child is showing any symptoms of COVID-19, including cough, shortness of breath or difficulty breathing, or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell. I accept, agree and acknowledge that the County/Athletic Organization may take the temperature of a participant at any time. I accept, agree and acknowledge that if my child develops these or other related symptoms during the program, or I or my child or anyone in the child’s household tests positive

for COVID-19, my child will not be able to further participate and the program may be closed at any time, without prior notice, in that event.

2. I accept that, if required pursuant to orders issued by the Governor of the State of Maryland or the County Executive for Anne Arundel County, Maryland, my child must be quarantined during the program, the County/Athletic Organization may deny participation in that event.
3. I agree and accept the risk that the program could be closed at any time based on a person experiencing COVID-19 symptoms, including cough, shortness of breath or difficulty breathing, or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, or anyone testing positive for COVID-19.
4. I agree to provide the participant with an appropriately fitting facemask for use as outlined by R&P during the program as required by State and County Health authorities, which he or she will wear at all required times while participating in the league, and understand and acknowledge that my Child will not be permitted to if he or she is not wearing a facemask as required
5. I accept, acknowledge and understand that the County/Athletic Organization and County/Athletic Organization staff will, to the best of their ability, require and enforce all applicable requirements which may assist in offering protection from the COVID-19 epidemic, as specified in the attached Center for Disease Control guidelines, including but not limited to social distancing, sharing of supplies, crafts and equipment, and cleaning and hand washing, but understand the atmosphere of the program may not allow perfect enforcement and assume the risk participation and waive and release the County, its agents, servants, and employees, from all claims and liabilities of any kind related to that participation or any requirement imposed as the County and County staff makes their best efforts to comply with the attached guidelines.

SIGNATURE:

ORGANIZATION

SPORT

Parent/Guardian Name (PRINTED)

Child's Name (PRINTED)

Parent/Guardian Signature

Date