



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

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

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The Golden Corridor Family YMCA (hereinafter "the YMCA" has put in place preventative measures to reduce the spread of COVID-19; however, the YMCA **cannot guarantee that you will not become infected with COVID-19**. Further, participation in our programs could increase your risk of contracting COVID-19.

### **READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH**

\_\_\_\_ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation in YMCA programs; and that such exposure or infection may result in personal injury, illness, permanent disability, and death**. I understand that the risk of becoming exposed to or infected by COVID-19 at the YMCA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the YMCA's employees, volunteers, and program participants and their families.

\_\_\_\_ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, death, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation in programs at the YMCA**. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the YMCA, its employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, demands, actions, damages, costs or expenses of any kind arising out of or relating to my participation in YMCA programs. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation in programs at the YMCA.

\_\_\_\_ INITIALS I **agree that I will practice safe social distancing and appropriate hygiene during my participation in programs at the YMCA. I further agree to follow the policies established by the YMCA concerning the use of masks when participating in YMCA programs**.

\_\_\_\_ INITIALS I agree to comply with all health and safety and testing procedures required by the YMCA. I further agree that I will not participate in any activities at the YMCA if I have experienced any symptoms associated with COVID-19 (whether or not I have been formally diagnosed with COVID-19) or if I have had any contact with any person having experienced any symptoms of COVID-19 (whether or not they have been formally diagnosed with COVID-19).

\_\_\_\_ INITIALS I represent that I have adequate insurance to cover all costs and expenses associated with any injury or illness I may suffer or cause while participating in programs at the YMCA, or alternatively I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my health and/or safety when participating in programs at the YMCA, or alternatively I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

\_\_\_\_ INITIALS In the event that I file a lawsuit, I agree to do so in the state where the YMCA is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_\_ INITIALS **By signing this document, I agree that if I am exposed to or infected by COVID-19 during my participation in any programs of the YMCA, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released herein on the basis of any claim for negligence.**

\_\_\_\_ INITIALS I **have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing**. Also, I understand that programs at the YMCA might not be made available to me if I were to choose not to sign this release, and agree that the opportunity to participate in return for the execution of this release is a reasonable requirement on the part of the YMCA.

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## **GOLDEN CORRIDOR FAMILY YMCA**

### **Golden Corridor Family YMCA**

**Corporate Headquarters**  
300 W. Wise Rd.  
Schaumburg, IL 60193  
847.891.9622

### **Edwards YMCA Camp**

N8901 Army Lake Rd.  
East Troy, WI 53120  
262.642.7466

### **Campanelli YMCA**

300 W. Wise Rd.  
Schaumburg, IL 60193  
847.891.9622

### **Taylor Family YMCA**

50 N. McLean  
Elgin, IL 60123  
847.888.7410

**I have read and understood this document and I agree to be bound by its terms.**

\_\_\_\_ INITIALS If I have signed a separate general waiver of liability connected to my participation in programs at the YMCA, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone (\_\_\_\_)** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**  
**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in programs offered by the YMCA, I further agree to indemnify and hold harmless the YMCA, its employees, agents, and representatives from any and all claims alleging negligence which are brought by or on behalf of said minor or are in any way connected with such participation by said minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_