



Assumption of Risk , Waiver and Hold Harmless Agreement
CYC SPORTS PROGRAM
Fall Semester, 2020

In consideration of the acceptance of my application for the above program, I **hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me or my child as a result of participation in said sports program.** This release is intended to discharge in advance the _____ Catholic Church, the Archdiocese of St. Louis, Catholic Youth Council of the Archdiocese of St. Louis, their officials, officers, employees, volunteers and agents (collectively hereinafter "Releasees") from liability, even though that liability may arise out of perceived negligence on the part of Releasees. It is understood that some recreational and athletic activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. Similarly I acknowledge on behalf of the participant that the novel coronavirus, COVID-19, has been declared a worldwide pandemic. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to, or infected by COVID-19 by participation in _____ during the above dates. **On behalf of myself and my child, I hereby release, covenant not to sue, discharge and hold harmless Releasees for any claim for injuries and damages, costs or expenses arising out of or relating to COVID-19 as a result of participation in _____.** It is further understood and agreed that this agreement is to be binding on my heirs and assignees.

If, despite this Waiver and Release, I make, or anyone on my or my child's behalf makes a claim against any of the Releasees arising out of the above released matters, I agree to indemnify, defend, and save and hold harmless the Releasees, and each of them, from any litigation expense, reasonable attorney fees, loss, liability, damage or cost such Releasees may incur due to such claim made against them.

I give consent for my child _____ to participate in _____, and I execute the above on his/her behalf.

I hereby give my consent to have the above child treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activities. It is understood that Releasees will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Name

Date