

BYS WAIVER OF LIABILITY RELATING TO COVID-19/CORONAVIRUS

I understand that my child's participation in Bainbridge Youth Services (BYS) in-person programs involves risk of exposure to and infection by the novel coronavirus, COVID-19, which is highly contagious and spread through person-to-person contact (breath and physical contact) and contact with stable surfaces. I understand that exposure and infection can result from the actions and/or omissions of my child, other participants involved with the program, and Bainbridge Youth Services employees, agents, and contractors, and that infection can result in illness, bodily injury, permanent disability and/or death. Although Bainbridge Youth Services has implemented preventive measures, such as participant screening, social distancing, and sanitizing surfaces, to reduce the spread of COVID-19, risk of exposure and infection can not be eliminated entirely.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for my child in order to utilize BYSS' services and enter BYSS' premises. These services are of such value to my children, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize BYSS' services and premises in person rather than arranging for an alternative method of enjoying the same services virtually (e.g. videoconference), if available.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against BYSS and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing BYSS' services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law and venue of Kitsap County, Washington will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature

Date

I am the parent or guardian of:
