

CITY OF PHILIP
SWIMMING POOL USAGE WAIVER AND LIABILITY RELEASE

I, the undersigned, participating patron (and parent if under 18) of the City of Philip Swimming Pool in Philip, South Dakota, during the 2020 season, do hereby acknowledge and understand the City of Philip provides no medical coverage as a result of any injury that may occur during this activity.

I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, that I may sustain, or any loss or damage to my property, as a result of participating in this activity whether due to the active or passive negligence of the parties hereby discharged or released. Furthermore, I agree to indemnify and hold harmless the City of Philip from any and all claims arising from participation in this activity or as a result of any injury or illness that I or my child may sustain during the activity.

I waive, discharge, and release the City of Philip, its board members, employees and volunteers from any and all claims, and any and all rights for damages, expenses, and losses, including but not limited to attorney's fees, that the undersigned may have arising out of injuries and/or illnesses suffered while engaging in this activity, including but not limited to those which may be attributed to weather conditions.

Further and specifically, by signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at the City of Philip Swimming Pool 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 City of Philip Swimming Pool may result from actions, omissions, or negligence of myself and others, including but not limited to, the City of Philip's employees, volunteers, program participants and their families. I voluntarily agree to assume all of the foregoing risk and accept sole responsibility for any injury to my child(ren) or myself (including but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability or expense of any kind, that I, my family and my child(ren) may experience or incur in connection with my child(ren)'s attendance at the City of Philip Swimming Pool or participation in pool activities ("claims"). On my behalf, and on behalf of my child(ren), I hereby release, discharge, hold harmless, and covenant not to sue the City of Philip, and their employees, volunteers, agents, and representatives from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based upon the actions, omissions or negligence of the City of Philip, their employees, agents, representatives, volunteers, whether a COVID-19 infection occurs before, during, or after participation in the City of Philip Swimming Pool activities.

Finally, I acknowledge and represent that I have read this discharge, release and waiver and that I understand the discharge, release and waiver, and I am signing this document voluntarily.

Dated this _____ day of _____, 2020.

Participant Signature

Print Participant Name

Minor family members included under the terms of this waiver are as follows: _____

Parent Signature (if participant under 18)

Print Parent Name