**COVID-19 Risk Assumption, Waiver, and Indemnity Agreement (“Agreement”)**

By signing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Participant”) and xxxxxxxx (“District”) agree as follows:

1. I expressly assume any and all risk relating to any illness, injury, infection, economic injury, or death arising from or relating to my child’s participation in the xxxxxxxxxxxxx program, except where caused by the active negligence or willful misconduct of the District.
2. I agree to defend, indemnify, and hold District harmless from any and all claims, causes of action, allegations, or assertions made against District or District’s employees, contractors or volunteers arising from or relating to actual or alleged infection occurring during the xxxxxxx program.
3. I agree to provide a safe environment for my child to participate in the xxxxxx program and to ensure my child’s safety throughout the xxxxxxxx program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date