**Forest City First Aid COVID-19 Waiver**

By signing this agreement, I hereby confirm that I am over the age of 18 or am a parent or guardian of the student registered into a Forest City First Aid program. By signing this agreement I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in programs offered by Forest City First Aid 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 Forest City First Aid may result from the actions, omissions, or negligence of myself and others, including, but not limited to, persons representing Forest City First Aid.

I voluntarily agree to assume all of the foregoing risks 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 or my child(ren) may experience or incur in connection with participating in programs offered by Forest City First Aid.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Forest City First Aid, its employees, agents, and representatives, of and from the 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 on the actions, omissions, or negligence of Forest City First Aid, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in Forest City First Aid programs.

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| **Name:**   | **Date:**  |
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**Signature:**

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