



Saint George Greek Orthodox Church
818 Valley Road, Clifton NJ 07013
973-779-2626 973-777-6946 FAX



Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named or minor's participation in St. George Greek Orthodox Church programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity or as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in **St. George Greek Orthodox Church Open Gym**, Clifton, New Jersey activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with The **St. George Open Gym** program participation, including but in no way limited to: (1) slips, trips, and falls, (2) athletic injuries, and (3) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with **St. George Open Gym** programs participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

I acknowledge the contagious nature of the COVID-19 virus, and respect that the facility adheres to the CDC recommendations of practicing social distancing and wearing face coverings. I further acknowledge that St. George Greek Orthodox Church Community Center has put in place preventative measures to reduce the spread of the COVID-19 virus, to the best of their abilities. I further acknowledge that no guarantee exists regarding whether or not I may contract COVID-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 virus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other participants. I acknowledge that I increase my risk of exposure to COVID-19 by participating in services rendered. I acknowledge that I must comply with all set procedures to reduce the spread while in attendance.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible, including limiting any purposeful exposure to COVID-19.

Waiver, Release, Indemnification & Covenant Not to Sue

I, in consideration of the named or minor's named participation in St. George Open Gym, I or the undersigned parent/guardian of the named (minor), agree to INDEMNIFY AND HOLD HARMLESS Releases from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named (minor's) St. George Open Gym program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in St. George Open Gym program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in St. George Open Gym program and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named or named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in St. George Open Gym program.

I further certify that the date of birth is _____ (MM/DD/YYYY), that present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the participant or parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)