

WARREN TOWNSHIP RECREATION DEPARTMENT

Program Release Form

(Adults 18+ of age)

46 Mountain Blvd
Warren, NJ 07059

I (please print), _____, the undersigned participant, certify that I am in proper physical condition for safe participation in this Recreation Program. I understand and recognize that there may be a risk of injury by participation in this program. I agree to indemnify and hold harmless, Warren Township, the Warren Township Recreation Department, their agents and employees from any injuries I may sustain by participating in this Recreation Program.

In consideration of permitting myself to participate in recreation programs (the "Programs") sponsored by Warren Township Recreation, I hereby for myself, executors, administrators and assigns, assume all risks and hold harmless Warren Township, its agents, employees, volunteers, representatives, sponsors, affiliates, any person(s) permitting the use of their property for any Programs, or any individual associated with the Programs, from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever (the "Claims") which may arise in connection with the participation of myself in activities related to the Programs, including any claims which are associated with the use, administration or failure to administer any medications by Warren Township Recreation personnel.

COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. The Township of Warren has put in place preventative measures to reduce the spread of COVID-19. I hereby acknowledge that any failure of myself to comply with any and all risk reduction precautions required by Warren Township Recreation may result in dismissal from the program. However, the Township of Warren cannot guarantee that I/We or anyone else will not become infected with COVID-19, including my spouse, guests, unborn child or relatives. Participation in a Township of Warren sponsored athletic sports program (s), related activity or event or using the Township of Warren facilities, could increase the risk of contracting COVID-19. By signing this agreement I/We acknowledge the contagious nature of COVID-19 and VOLUNTARILY assume the risk that I/We may be exposed to or infected by COVID-19 by participating in a Township of Warren athletic sports program(s), related activity or event or by the use of Township of Warren facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself, myself or others, including but not limited to, Township of Warren employees, volunteers and program participants. I/We understand and voluntarily accept and assume all the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further I/We understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Township of Warren, its employees, agents, officers, volunteers and assigns, whether a COVID-19 infection occurs before, during, or after participation in any Township of Warren athletic sports program(s), related event or activity or by the use of facilities.

This release form is completed and signed of my own free will.

Signature _____ Date: _____