

HANOVER TOWNSHIP PARK DISTRICT

ADULT WAIVER - FITNESS, WEIGHT ROOM, WALKING, PROGRAMS/ACTIVITIES, USE OF FACILITIES

Print the names of all adult participants in your household. Each participant MUST SIGN at the waiver's bottom.

Participant 1 _____ Email _____
Phone _____

Participant 2 _____ Email _____
Phone _____

Participant 3 _____ Email _____
Phone _____

Participant 4 _____ Email _____
Phone _____

Participant 5 _____ Email _____
Phone _____

Household Address _____ City/State _____ Zip _____

Emergency Contact(s) _____ Phone _____

PLEASE READ CAREFULLY

The terms, "I," "me," and "my" in this waiver refer to each of the participants listed above, and each are agreeing as follows: As a participant listed above, with my signature below, in consideration of and as a condition of Hanover Township Park District which permits me to participate in the **Hanover Township Park District's endorsed fitness classes, programs, activities, and to use the Park District's facilities and/or fitness equipment (hereafter referred to as ACTIVITY AND FACILITY USAGE)**, I hereby assume all risk of danger, including the risks posed by a communicable, highly contagious disease such as COVID-19, or injury (including death) which may be sustained by me and/or my property while participating in said Activity and Facility Usage, or during travel to or from said Activity and Facility Usage; and acting for myself, my spouse, children, heirs, personal representatives and assigns, do hereby release the Hanover Township Park District, and owner and/or operators of any premises, individually or collectively, their directors, officers, agents, employees and/or elected or appointed officials from all liability for injury or death of any person, for risks associated with a communicable, highly contagious disease such as COVID-19, and/or for damage to any property resulting from, or arising out of my participation in said Activity and Facility Usage.

With regards to the risks posed by COVID-19, I acknowledge, understand, and agree:

- a. that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and, as a result, the Activity and Facility Usage is being delivered during a time of a national public health crisis;
- b. that COVID-19 is extremely contagious and there are risks, known and unknown, associated with my participating in the Activity and Facility Usage;
- c. that other participants, volunteers, coaches, and group leaders may be infected before and/or during Activity and Facility Usage and could transmit COVID-19 without displaying any symptoms;
- d. that it is my responsibility to manage the risks to myself, and others I may come into contact with which are associated with COVID-19;
- e. that I may pose a risk to those that are most impacted or at greatest risk of infection from COVID-19;
- f. that the Hanover Township Park District cannot guarantee that I or others with whom I come into contact with during and after participation in the Activity and Facility Usage will not become infected with COVID-19.

I, the undersigned, being duly aware of the risks and hazards of physical exercise, in the training and preparation for these activities, and the risks posed by a communicable, highly contagious disease such as COVID-19, do hereby elect voluntarily to participate in Activity and Facility Usage. I agree to comply with all Hanover Township Park District's rules and regulations regarding my participation in Activity and Facility Usage, including all rules and regulations that pertain to a communicable, highly contagious disease such as COVID-19. I understand and agree that noncompliance with any such rules and regulations by myself or anyone acting on my behalf may result in termination of my participation in the Activity and Facility Usage.

In signing this consent to participate, I hereby acknowledge and represent: (a) that I have read this document in its entirety, (b) that I understand the same, (c) that I am of legal age, and (d) that I have voluntarily signed it below.

Participant 1 Signature _____

Participant 2 Signature _____

Participant 3 Signature _____

Participant 4 Signature _____

Participant 5 Signature _____

Date Signed _____