



ADULT SPORTS LEAGUES – WAIVER OF LIABILITY/RELEASE

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, I **ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH**, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and **RELEASE** any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this **WAIVER OF LIABILITY** and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated above.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact 425-452-4479 or Leagues@bellevuewa.gov.

I acknowledge that I have carefully read this **WAIVER OF LIABILITY / RELEASE** and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

I have voluntarily agreed to participate in Bellevue Parks and Community Services Adult Sports Leagues and I agree to adhere to League rules and regulations. **By signing the signature line below, I accept the conditions printed above:**

Participant Signature _____

Date _____

Printed Participant Name _____

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is very contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Bellevue has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, using City facilities and/or participating in City programs and activities could increase you and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and **VOLUNTARILY ASSUME THE RISK THAT I OR MY CHILD(REN) MAY BE EXPOSED TO OR INFECTED BY COVID-19** by using the City facility and/or participating in the City programs or activities identified herein **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 the facility or in the programs or activities identified herein may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and customers and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) (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 my or my child(ren)'s attendance at the facility or participation in the program or activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to **WAIVE AND RELEASE** any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facility or participation in the City programs and activities identified herein. I understand that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the City program or activity.

IN ADDITION, I AGREE TO COMPLY WITH ALL COVID-19 SAFETY POLICIES AND PROCEDURES OF THE FACILITY OR PROGRAM/ACTIVITY IDENTIFIED HEREIN.

City facility or program/activity: South Bellevue Community Center; Hidden Valley Sports Park; Tye Community Gym

By signing below, I indicate that I accept the conditions printed above:

Customer Signature _____

Date _____

Printed Customer Name _____