

**VOLUNTEER ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY  
RELATING TO COVID-19  
PLEASE READ CAREFULLY**

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 participating in the volunteer 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 participants 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 participation in the City's volunteer 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 my or my child(ren)'s participation in the City's volunteer activities. 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 of Bellevue Volunteer Activity: Youth Sports and Fitness

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

\_\_\_\_\_  
Volunteer or Volunteer's Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Volunteer Name