

**City of Auburn, Maine**  
**Participant Agreement, Release and**  
**Acknowledgement of Risk, Photo Release**

In consideration of the use of facilities and participation in recreational programming owned or operated by the City of Auburn, Maine (the "City"), including without limitation, summer camps, athletic teams, social events (collectively, "Programming"), and the use of Ingersoll Turf Facility and Norway Savings Bank Arena (collectively, the "Facilities"), I hereby agree on behalf of myself and my child(ren), as follows:

1. I acknowledge that participation in the Programming and use of the Facilities entails known and unanticipated risks, which include exposure to novel coronavirus known as COVID-19 and possible physical injury, paralysis, death or damage to myself, to my children, to the children that I am responsible for, to property, or to third parties. I understand that such risks are inherent in the activity and cannot be eliminated without jeopardizing the essential qualities of the activity. I have read the list of some risks associated with the Programming and use of the Facilities and the known symptoms of COVID-19. I agree to abide by all City policies and procedures regarding COVID-19 and the rules of the Programming and Facilities, and acknowledge that these may change with little or no advance notice.

2. I further acknowledge that coaches, instructors, facilities monitors and managers, and other City staff cannot pay continuous attention to all participants and cannot be responsible for our health and safety at all times. I will promptly report to the Facility manager any unsafe or dangerous conditions or situations, and whether I or any member of my household experiences known symptoms of COVID-19, and I will cooperate with them fully to ensure my safety and the safety of others. I also understand that the City is not responsible for the weather, terrain, playing surface conditions, wildlife or equipment failure and that they may cause or contribute to an injury or property damage.

3. I agree to release and discharge the City from any and all claims or liabilities, including COVID-19 infection or exposure, arising from or connected with my participation or my child's use of the Facilities or Programming participation, as well as any and all claims or liabilities arising from or connected with our presence within the Facilities or participation in City Programming.

4. I am aware of the level of fitness and public health measures that are needed for my intended use of the

Facilities and participation in Programming. I certify that I have no medical condition or restriction that prevents me from safely using the Facilities or participating in City Programming. I have complied with applicable orders related to the COVID-19 virus including social distancing and quarantine as applicable to me and my household, and am not nor is any member of my household experiencing any known symptoms of COVID-19. I also certify that my children and the children that I am responsible for have no medical condition or restriction, COVID-19 related or otherwise, that prevents them from safely participating in the Programming or use of the Facilities.

5. I hereby give my consent and consent on behalf of my child to be photographed/filmed and to have his or her temperature taken while using the Facilities and participating in the Programming. Photographs/footage may be used for any purpose, including training, advertising, catalogs and displays. Information regarding our temperature may be kept with other confidential records, and used for contact tracing and for public health purposes related to COVID-19.

6. I understand that this release applies to myself and my children, as well as to each of our heirs, insurers, successors and assigns.

**RISKS MAY INCLUDE:** infectious diseases including COVID-19, dehydration, muscle strains, muscle sprains, bone breaks, abrasions, cuts, exposure to biting insects and the infectious diseases they may carry, exposure to poisonous plants, turf burn, sunburn, cold-related illnesses, head and neck injuries, hypothermia, frostbite, blisters, respiratory disease, blindness, and death.

**I have read and understand the above terms and warning, I consent to the participation of my child and children I am responsible for and I agree for myself and my child to be bound by these terms.**

**Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Phone#** (        ) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

***Please bring any necessary medications (inhaler, epi-pen, prescription, etc.) with you.***