**VISITNG YOUTH RECREATION PROGRAM PARTICIPATION AGREEMENT**

As partial consideration for the Township of Old Bridge (the "Township") providing _____ ("Participant"), as a visiting player on a team engaging in a sporting event at a Township facility, with the opportunity to participate in the YOUTH HOCKEY GAME, ("Program") I, _____, with an address of _____, as parent or guardian of Participant, for myself and on behalf of my spouse or partner, hereby (1) covenant and agree that Participant and I will abide by all rules, policies and regulations of the Township, and State of New Jersey Executive Orders and related regulations applicable to participation in the Program, including but not limited to all COVID 19 limitations and obligations; (2) acknowledge and agree that there are foreseeable and unforeseeable risks inherent in participation in recreational programs and that the Township makes no representation or warranty regarding any risks or hazards, or lack thereof, associated with participation in the Program, and (3) release the Township, it officials, departments, employees, volunteers, contractors, insurers, including the NJIIF, its owners, employees, volunteers and subcontractors from and against all claims, losses, costs and damages arising from Participant's participation in the Program, including but limited to the risk associated with exposure to and contraction of the COVID 19 virus. I also represent, covenant and agree that Participant has been cleared by his/her physician to participate in the Program and further, that if Participant suffers any injuries or damages as a result of his/her participation in the Program, my sole remedy shall be to turn any associated medical bills over to my health insurance carrier for payment. I further agree that if a medical emergency should arise and I cannot be reached immediately at the contact numbers listed below, I hereby grant emergency medical personnel to take whatever steps he or she deems necessary to safeguard the welfare of Participant. Finally, I understand that in order to comply with NJDOH protocols, the Township may collect medical information ("Medical Records") as defined under the Health Insurance Portability and Accountability Act ("HIPPA") regarding Participant prior to each day of activity at a Township facility, including but not limited to his/her body temperature and I (a) hereby authorize the release of Participant's Medical Records to the Township and its employees and volunteers who supervise or conduct the Program, and (b) acknowledge and agree that the Township has the right, in its sole discretion, to determine if Participant will be allowed to participate in the Program on any given day based upon her/his medical condition as disclosed through the Medical Records or otherwise.

_____ Date:_____

(Printed name and signature of Parent/guardian

Parent/Guardian Contact Information:

Cell Phone:_____
Home Phone:_____
Emergency Contact Name and Number:_____