



## COVID-19 Liability Waiver

NAME \_\_\_\_\_

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Vashon Park District has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Vashon Park District cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BARC staff, and other BARC clients and their families.

I voluntarily seek services provided by Vashon Park District and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Vashon Park District harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the skate park, or that may otherwise arise in any way in connection with any services received from Vashon Park District. I understand that this release discharges BARC Skate Park and Vashon Park District from any liability or claim that I, my heirs, or any personal representatives may have against with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Vashon Park District. This liability waiver and release extends to BARC Skate Park together with all commissioners and employees.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# BARC Indoor Skate Park Waiver

**SKATERS UNDER 18 MUST HAVE WAIVER SIGNED BY LEGAL GUARDIAN & WITNESSED BY VASHON PARK DISTRICT STAFF MEMBER**

Skater Name: \_\_\_\_\_  
*First Last*

Date of birth: \_\_\_\_\_ Medical Issues: \_\_\_\_\_  
*Month Day Year*

Parent or Guardian Name if under 18: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City ZIP*

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

## **RULES – Please Read and Sign Below**

**If under 18 years of age, will always wear a helmet while skating. I will not use offensive language or gestures. I will respect all park visitors and skate park staff. I will not use drugs or alcohol. I will not use graffiti or damage property.** If a participant is acting inappropriately, the staff may ask the participant to leave without a refund or trespass the participant from the premises. The staff have the right to decline participation if they deem the park is too crowded, or if they determine that the skill level of the participant puts themselves or others in danger.

## **CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR**

The undersigned authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of hospital for my child(ren) if I cannot be reached in case of an emergency.

My consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to any such physician to exercise his/her discretion in authorizing the disposal of severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care. This authorization shall remain in effect until revoked in writing by the undersigned, with notice to the treating physician and hospital, or until the undersigned void their signatures hereon.

## **WAIVER OF LIABILITY/PHOTO RELEASE**

In consideration of your accepting this pay entry for Vashon Park District's programs and sites, thereby, myself, my heirs, executor, assigns and personal representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether known or unknown, against Vashon Park District, its employees, agents and volunteer workers, for any injuries suffered by the program participant in connection with participating in said program.

I, give my permission to have photos and/or video tapes taken for publicity purposes, without recompense, during Vashon Park District activities. I CERTIFY that the above information is true, correct and complete. I also certify that all permissions and authorizations contained herein are granted.

\_\_\_\_\_  
*Signature of Parent/Guardian or Participant over 18 years old Date*

\_\_\_\_\_  
*Staff Signature Date*