

**COVID-19**  
**RELEASE OF LIABILITY**

Due to the outbreak of the novel coronavirus (COVID-19), HALO has put in place preventative measures to help ensure the safety and health of our athletes, coaches, and volunteers. This includes precautions and practices that aim to reduce the spread of COVID-19. However, HALO cannot guarantee the complete absence of all viral particles associated with COVID-19 or any other infectious disease. HALO cannot guarantee that you, your spouse, your family members, and/or your child(ren) will not be exposed to or become infected with COVID-19. Further, participating in any sports and/or programs offered by HALO could increase your risk and your child(ren)'s risk of contracting COVID-19. I agree to keep myself, my student and family from participating in any sports and/or programs offered by HALO if we exhibit symptoms specifically related to COVID-19. Ultimately, it is my responsibility to understand recommendations and guidelines regarding Covid-19 and the inclusion of feasible guidelines implemented by HALO.

With full awareness and appreciation of all risks involved, I, for myself and on behalf of my children, spouse, family, and personal representatives, hereby forever release HALO from any and all liability, claims, actions, or causes of action for loss, damage, or injury relating to the COVID-19 virus. We further agree to indemnify and hold harmless HALO from and against any and all claims, third party claims, cross-claims, or claims for contribution indemnification arising out of any exposure and/or infection of COVID-19 as a result of participating in sports and/or programs offered by HALO.

By signing below, I acknowledge that I have read this document in its entirety and understand all information herein. I attest that I am sufficiently informed about the risks involved in attending sports and/or programs offered by HALO and I am at least eighteen (18) years of age and fully competent. I voluntarily agree to assume any and all risks and/or any unforeseen consequences of participating in any sports and/or programs offered by HALO and accept sole responsibility for any illness resulting from possible exposure to COVID-19 and/or any other infectious disease.

Executed this Date: \_\_\_\_\_

Mother or Legal Guardian Name (Print): \_\_\_\_\_

Mother or Legal Guardian Signature: \_\_\_\_\_

Father or Legal Guardian Name (Print): \_\_\_\_\_

Father or Legal Guardian Signature: \_\_\_\_\_

Name of Child(ren) and Grade: \_\_\_\_\_

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