



COVID-19 Special Permission & Waiver of Liability Form

Acknowledgment and Agreement to Comply with COVID-19 Protocols. I acknowledge that COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing, face coverings, and other measures as a means to prevent the spread of the virus. I understand the hazards of COVID-19, and am familiar with the State of Ohio and the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I also acknowledge EDGE Teen Center (“EDGE”) has put in place preventive measures to reduce the spread of COVID-19. I accept full responsibility for familiarizing myself and my teen with all such state and federal laws, directives, guidelines, and EDGE preventative measures (the “COVID-19 Protocols”), and agree we will comply with all of their requirements, including, without limitation, any requirements related to hand sanitization, social distancing, and face coverings. I agree to notify EDGE immediately if my teen experiences any symptoms of COVID-19 (such as cough, shortness of breath, or fever), has a confirmed or suspected case of COVID-19, or has come in contact in the last 14 days with a person who has been confirmed or suspected of having COVID-19. I acknowledge that EDGE reserves the right to remove any and all persons from any EDGE facilities or activities that may be observed not adhering to all the COVID-19 Protocols.

Despite the COVID-19 Protocols, EDGE cannot guarantee that you or your teen will not become infected with COVID-19. Further, attending and participating in EDGE could increase your risk, your teen’s risk, and the risk of others of contracting and transmitting COVID-19.

Voluntary Assumption of Risk. By signing this agreement, I agree to ASSUME ALL RISKS associated with my teen’s attendance at and participation in EDGE, including but not limited to all risks of contracting and transmitting COVID-19. I acknowledge the highly contagious nature of COVID-19, and assume the risk that my teen may be exposed to or infected with COVID-19 by attending and participating in EDGE. I acknowledge that such exposure or infection may result in personal illness, injury, permanent disability, and possibly death. I understand the risk of being exposed to or infected by COVID-19 at EDGE may result from the actions and omissions of my teen, myself, and others, including but not limited to, EDGE employees, volunteers, agents, and other program participants and parents/guardians.

Voluntary Waiver, Release, and Agreement to Indemnify. I agree to RELEASE, WAIVE, FOREVER DISCHARGE, HOLD HARMLESS, and AGREE NOT TO SUE EDGE and all of its directors, officers, employees, volunteers, and agents, as well as other program participants and their parents/guardians (collectively the “EDGE Releasees”), from any and all liability, claims, and demands of whatever kind or nature, in law or in equity, which arise or may hereafter arise from my teen’s attendance at and participation in EDGE. This RELEASE and WAIVER includes, but is not limited to, any injuries, illness, or damages of any nature sustained by my teen, including without limitation personal injury, illness, permanent disability, or death arising from the direct or indirect exposure to or contracting of COVID-19 or any other contagious or infectious disease or virus. I further agree to INDEMNIFY, DEFEND and HOLD HARMLESS the EDGE Releasees, both collectively and individually, from any and all liability, claims, and demands of whatever kind or nature, in law or in equity, which arise or may hereafter arise from my teen’s attendance at and participation in EDGE. It is my intention that this release, waiver, and agreement to indemnify is as broad and inclusive as permitted by the laws of the State of Ohio.

Parent/Guardian Signature _____ Date _____

Participant Name(s) (please print) _____ Signature(s) _____