

**BREVARD COUNTY PARKS AND RECREATION DEPARTMENT
RECREATION PARTNER PARTICIPANT
CORONAVIRUS/COVID-19 RISK ACKNOWLEDGMENT
INDEMNIFICATION/ HOLD HARMLESS
(MINOR)**

Recreation Partner Program: Space Coast United Soccer Club

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. This is a community exposure and the Brevard County Parks and Recreation Department is taking all reasonable preventative measures in order to reduce the spread of COVID-19. However, the Brevard County Parks and Recreation Department cannot guarantee that the below-named Recreation Partner Program participant, your family or yourself will not become infected with COVID-19.

By signing this Risk Acknowledgment Indemnification/Hold Harmless Form, I, the parent/guardian of _____ (hereinafter "named participant"), hereby acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the named participant, my family or myself may be exposed to and/or infected by COVID-19 by participating in the above-referenced Recreation Partner Program and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to and/or infected by COVID-19 by participating in the activity of the Recreation Partner Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Brevard County Parks and Recreation Department employees, volunteers and other individuals. I, the parent/guardian of the named participant, voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness and/or death to the named participant, my family or myself. **On behalf of the named participant, I consent and agree to comply with all preventative measures required by the Recreation Partner Program, including, but not limited to, temperature checks, required masks, and hand washing. I understand that failure of the named participant to comply with any request from the Recreation Partner in relation to any preventative measures may result in the named participant's expulsion from the Recreation Partner Program.**

On behalf of the named participant, my family or myself, I hereby release, covenant not to sue, discharge, indemnify and hold harmless Brevard County, Florida, the Brevard County Parks and Recreation Department, its officers, employees, representatives, agents and assigns, of and from any and all claims, including all liabilities, actions, damages costs or expenses of any kind arising out of or relating to the named participant's participation in the Recreation Partner Program.

I represent and warrant that I have carefully read and fully understand all of the provisions of this Risk Acknowledgment Indemnification/Hold Harmless Form.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____