



Abington Police PAL, INC.

## COVID-19 ASSUMPTION OF RISK AND RELEASE FORM

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. Abington Police PAL, Inc. has put in place preventative measures to reduce the spread of COVID-19. However, we cannot guarantee that you will not become infected with COVID-19 by participating in any of the activities. Further, participation and attendance with the Abington Police PAL, Inc. programs or activities could increase you or your minor child's risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING-PLEASE SIGN AND INITIAL WHERE INDICATED. IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT / GUARDIAN MUST INITIAL AND SIGN BELOW. ONE PARTICIPANT PER FORM.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk for myself and/or my minor child that may be exposed to, or infected by, COVID-19 by participation in Abington Police PAL, Inc. activities, or events that **such exposure or infection may result in personal injury, illness, permanent disability, and death;**

INITIALS: \_\_\_\_\_

I understand that the risk of becoming exposed to, or infected by, COVID-19 at any Abington Police PAL, Inc. locations may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Abington Township, Abington Township Police Department, Abington Police PAL, Inc., its Board of Directors, employees, volunteers, agents, representative program participants and their families;

INITIALS: \_\_\_\_\_

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and any minors; including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I or my minor child may experience or incur due to COVID-19 in connection with my participation with the Abington Police PAL, Inc.

INITIALS: \_\_\_\_\_

On behalf of myself/minor child, I hereby release, covenant not to sue, discharge, and hold harmless Abington Township, Abington Township Police Department, Abington Police PAL, Inc. its Board of Directors, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release include any Claims based on the actions, omissions, or negligence of Abington Township, Abington Township Police Department, Abington Police PAL, Inc. its Board of Directors, employees, volunteers, agents, and representative, whether a COVID-19 infection occurs before, during, or after participation with the Abington Police PAL, Inc.

INITIALS: \_\_\_\_\_

On behalf of myself, I hereby agree to indemnify ABINGTON TOWNSHIP, ABINGTON TOWNSHIP POLICE DEPARTMENT, ABINGTON POLICE PAL, INC, its Board of Directors, employees, volunteers, agents, and representatives from and against any and all loss, liabilities, claims, actions, damages, costs, expenses of any kind, including reasonable attorney's fees, arising out of participation in the Abington Police PAL, Inc. I understand and agree that this provision includes Claims based on actions, omissions, or negligence of ABINGTON TOWNSHIP, ABINGTON TOWNSHIP POLICE DEPARTMENT, ABINGTON POLICE PAL, INC., its Board of Directors, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the ABINGTON POLICE PAL, INC.

INITIALS: \_\_\_\_\_

In the event that I, my minor child or I files a lawsuit, I agree to do so in the state of Pennsylvania and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

INITIALS: \_\_\_\_\_

By signing this document, I agree that if I, or my minor child is exposed or infected by COVID-19 during participation with Abington Township, Abington Township Police Department, Abington Police PAL, Inc., then I, or my minor child may be found by a court of law to have waived my right or the rights of my minor child to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

INITIALS: \_\_\_\_\_

Participant Name (Print); \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

**If the participant is a minor, parent/guardian must sign below:**

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_