



**Assumption of Risk and Waiver of Liability**

We/I further grant the Statesboro-Bulloch County Parks and Recreation Department and Splash in the Boro the unencumbered right to make promotional use of any pictures taken of the registrant while a participant in this program. **\*\*If you do not wish for pictures to be utilized, please make sure to check the "No" box.\*\***

Yes

No



By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Splash in the Boro and SBCPRD programs, activities, or events, 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 or infected by COVID-19 from participation in Splash in the Boro and SBCPRD programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SBCPRD and Splash in the Boro employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)s' attendance at Splash in the Boro and SBCPRD programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Splash in the Boro, SBCPRD, Bulloch County, and their officials, employees, agents, and representatives, from and against any and all liability, claims, demands, actions, causes of action, damages, and expenses arising or in any way related to my child(ren)s' attendance at Splash in the Boro and SBCPRD programs. I understand and agree that this release and covenant not to sue includes, but is not limited to, any claims related to COVID-19 based on the actions, omissions, or negligence of SBCPRD, Bulloch County, or their officials, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SBCPRD program.

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Print Name of Parent/Guardian	Participant Name
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Signature of Parent/Guardian	Date
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