

I acknowledge and understand that this activity may be attended by other individuals. I, therefore, recognize that by allowing my minor child ("the Minor") to participate in this activity, the Minor is at risk of contracting COVID-19 and/or other communicable diseases. I acknowledge and understand the risks involved with participating in this activity, and, on behalf the Minor, myself, spouse, heirs, agents, assigns, representatives or employer, hereby waive, release, discharge, indemnify, defend or hold each and all of said RELEASEES harmless from any and all claims, causes of action, demands or charges of any nature, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Minor related to COVID-19 and/or other communicable diseases whether caused by the negligence of the RELEASEES, or otherwise, while participating in this activity and/or while using any PRODUCT, equipment or gear of the RELEASEES. I further agree to waive any right the Minor may have to claim status as an insured under any policies of insurance issued to RELEASEES. This waiver includes, but is not limited to, the right to recover any first party benefits, or to receive third party liability coverage, that may otherwise be available to me under RELEASEES' policies of insurance.

I HAVE READ THIS RELEASE

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SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

DATE

I HAVE READ THIS RELEASE

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SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS

NAME AND AGE OF MINOR PARTICIPANT