



## COVID 19 Waiver

### TO BE COMPLETED FOR FAMILIES & MINORS

Read this document carefully and in entirety. By signing the agreement you give up your right and the named minor(s)' right(s) to bring a court action to recover compensation or obtain any other remedy for any personal injury however caused by contracting COVID-19 arising out of your and the named minor(s)' access in Commonpoint Queens facilities.

I, in my legal capacity as the parent/guardian of the minor(s) named below, do hereby acknowledge and agree that accessing Commonpoint Queens facilities comes with the inherent risk of contracting Coronavirus, COVID-19. I understand that COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Accessing Commonpoint Queens facilities could increase the risk of contracting COVID-19. Commonpoint Queens in no way warrants that COVID-19 infection will not occur through accessing Commonpoint Queens facilities.

In consideration of my and my minor child's/children's participation in accessing Commonpoint Queens facilities, I, as the parent/guardian of the minor(s) named below, agree to release and on behalf of myself and the minor(s) named below, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Commonpoint Queens, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but not limited to, claims of negligence, which I, the named minor(s), my heirs, representatives, executors, administrators and assigns may have, now or in the future against Commonpoint Queens on account of personal injury, death or accident of any kind, arising from COVID-19 as a result of the use of Commonpoint Queens facilities/equipment whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

I hereby certify on behalf of myself and the named minor(s) that I have full knowledge of the nature and extent of the risks of contracting COVID-19 inherent in participation in Commonpoint Queens activities and accessing Commonpoint Queens facilities that, I, on behalf of myself and the named minor(s), am voluntarily assuming said risks. I understand that I and the named minor(s) will be solely responsible for any loss or damage, including personal injury, or death, I and/or the named minor(s) sustains while accessing Commonpoint Queens facilities and that by signing this agreement I, on behalf of myself and the named minor(s), HEREBY RELEASE Releasees of liability for such loss, damage, or death.

**NAME OF MINOR 1**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**NAME OF MINOR 2**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**NAME OF MINOR 3**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**PREFERRED EMAIL ADDRESS** \_\_\_\_\_

**MEMBER ADDRESS**

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

**PARENT/GUARDIAN NAME**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor(s). I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**PARENT/GUARDIAN NAME**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor(s). I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_