



Attachment 1
Town of Brunswick
Parks & Recreation Adult Program
COVID-19 Authorization/Waiver

I, _____ (print name), hereby state that I understand and agree to the following:

1. My participation in an Adult or Family program includes the risk of exposure to communicable diseases, including but not limited to COVID-19. COVID-19 IS EXTREMELY CONTAGIOUS AND SPREADS THROUGH DIRECT PERSON-TO-PERSON CONTACT. FEDERAL AND STATE AUTHORITES RECOMMEND SOCIAL DISTANCING AS A MEANS TO PREVENT THE SPREAD OF COVID-19, WHICH MAY NOT ALWAYS BE POSSIBLE DURING PARTICIPATION IN THE ACTIVITIES. IF CONTRACTED, COVID-19 CAN LEAD TO SEVERE ILLNESS, PERSONAL INJURY, PERMANENT DISABILITY, AND DEATH. PARTICIPATING IN THE ACTIVITIES COULD INCREASE MY AND THE MINOR'S RISK OF CONTRACTING COVID-19. THE TOWN OF BRUNSWICK IN NO WAY WARRANTS THAT COVID-19 INFECTION WILL NOT OCCUR THROUGH PARTICIPATION IN THE ACTIVITIES.
2. As a condition to being permitted to participate in the program(s), I will always do a self-health screening before arriving or participating in any adult/family program and will not participate if feeling ill. I also give permission to Brunswick Parks & Recreation staff permission to administer a temperature check if needed.
3. I give my consent for the Brunswick Recreation Department Director or Deputy Director to act in my place in all respects should the need arise during the course of the program. This shall include but not be limited to obtaining medical care.
4. I understand that while the Town of Brunswick is endeavoring to prevent exposure of participants to people who are infected with COVID-19 through health screenings and other preventative measures, I acknowledge that such screenings may not be 100% effective. I am aware of these hazards and I voluntarily assume the risks associated with participation. Further, I hereby waive and release all rights and claims against the Town of Brunswick, its officers, employees, agents, volunteers and supervisors from all losses, injury, illness, damages, fees and other expenses arising out of, or in connection with participation in the Program.
5. I understand that if I revoke this Authorization or any part thereof I will no longer be able to participate in the Program.

Date

Printed Name

Signature