PROGRAM PARTICIPANT FORM FOR ASBURY WOODS

ASBURY WOODS ACKNOWLEDGMENT ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT

This is a legally binding document. It waives and releases certain legal rights. Please read it carefully before signing it.

Program:	gram: Program Date:			
Program Participant Name:				
Date of Birth:	Age:			
Address:	City:	State:	Zip:	
EMERGENCY CONTACT - In the Event of an Emergency, Asbury Woods Should Contact:				
Name:	Relation:			
E-mail:	Home Phone:	Cell F	Phone:	
Permission to seek treatment in an emergency. In case of emergency, may we have your permission to seek treatment for your child?YesNo Parent/Guardian Initials:				

- 1. I represent that I and/or my minor child understand the nature of the Activity and that I or my minor child are qualified, in good health and in proper physical condition to participate in such Activity. I acknowledge and agree that if I or my minor child believe any condition of the Activity is unsafe, that I or my minor child will immediately discontinue participation in the Activity.
- 2. I understand and acknowledge that my or my minor child's participation in the Activity described above exposes me or my minor child to risk of personal injury, including but not limited to serious personal injury and/or death, and loss or damage to personal property. I understand that the dangers and risks of practicing or participating in the above Activity may not only result in serious injury, but in a serious impairment of my or my minor child's future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life. I accept, on my behalf and/or on behalf of my minor child, all the risks of participating in or observing such Activities, even if they are created by the carelessness or negligence of a Released Party or anyone else. The risks to which I or my minor child may be exposed include, but are not limited to accidental injury from any equipment used in the activity. I EXPRESSLY AND VOLUNTARILY ASSUME ON BEHALF OF MYSELF AND/OR MY MINOR CHILD ALL RISK OF PERSONAL INJURY, DEATH OR PROPERTY DAMAGE that may result from my participation or my minor child's participation in all such all such Activities operated by the Released Parties.

3. **COVID-19.** The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious resulting in symptoms that may be mild to symptoms that may result in death. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing, frequent hand-washing and masking where possible. The Released Parties have put in place preventative measures aimed at reducing the spread of COVID-19; however, they cannot guarantee that you or your child will not become infected with COVID-19 while participating in any program. Further, attending programs operated by the Released Parties may increase your risk and your child's risk of contracting COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I or on behalf of my minor child hereby choose to accept the risk of contracting COVID-19 for myself and/or my minor child in order to utilize programing offered by the Released Parties. These programs are of such value to me and/or to my child, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order for me and/or my minor child to participate in programming operated by the Released Parties.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Released Parties in connection with exposure, infection, and/or spread of COVID-19 related to participating in programming operated by the Released Parties. I understand that this waiver means I give up my right and my minor child's right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I or my minor child may have to seek damages, whether known or unknown, foreseen or unforeseen.

COMPLIANCE WITH SAFETY GUIDELINES. I am familiar with federal, state, and local laws, orders, directives, and guidelines related to COVID-19, including the Centers for Disease Control and Prevention (CDC) guidance on COVID-19. I or my minor child will comply with all such orders, directives, and guidelines while participating in the program, including, without limitation, requirements related to hand sanitation, social distancing, and use of face coverings. I or my minor child will also follow all instructions of the Released Parties and/or while participating in the program. I or my minor child agree not to attend the program if I or my minor child is experiencing symptoms of the COVID-19 (such as cough, shortness of breath, fever or any other symptom identified by the Centers for Disease Control, have a confirmed or suspected case of COVID-19, or have come in contact in the last fourteen (14) days with a person who has been confirmed or suspected of having COVID-19.

- 4. In consideration for the opportunity for me or my minor child to participate in the Activities operated by the Released Parties, I and my heirs, executors, administrators, successors, assigns and personal representatives, hereby RELEASE AND DISCHARGE the Asbury Woods Partnership, Inc., and its officers, directors, employees, agents, independent contractors, volunteers and affiliates (also included within the definition of "Released Parties") from any and all liability, known or unknown, past, present, or future, for personal injury, death, property damage, medical expenses, or other losses CAUSED BY THE NEGLIGENCE OR STRICT LIABILITY of the Released Parties, and I hereby RELEASE AND WAIVE such claims on behalf of myself and/or on behalf of my minor children.
- 5. I also agree NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES now or at any time in the future, or allow anyone to do so on my behalf or on behalf of my minor child, for personal injury, death, or property damage sustained as a result of my or my minor child's participation. I will indemnify and hold harmless the Released Parties from all claims, judgments and costs, including attorneys' fees, incurred in connection with any such claim or claims.
- 6. I fully understand and agree that Asbury Woods, at its sole discretion, may terminate my or my minor child's involvement as a participant at any time and for any reason.
- 7. I verify that no warranties or representations have been made to me concerning the activities both stated and not stated in this Agreement. I understand and intend that this document act as the broadest and most inclusive assumption of risk, waiver, release of liability, agreement not to sue and indemnity as permitted by the laws of the Commonwealth of Pennsylvania. If any portion of this Agreement is held to be invalid, I agree that the rest of it shall continue in full force and effect.

8. I hereby give consent to Asbury Woods and its related entities to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes, and/or sound records or any part thereof, that they may take or make of me during my or my minor child's participation in Activities operated by Asbury Woods in which I or my minor child may be included in whole or in part, whether separate from or in conjunction with, illustrative or written manner, story or news items, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my or my minor child's name or in anonymity. I hereby waive any right I or my minor child may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I hereby release and waive on behalf of myself and/or my minor child all claims for compensation of such use or for damages.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS ACKNOWLEDGEMENT, ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT. I HAVE HAD ALL OF MY QUESTIONS ANSWERED TO MY SATISFACTION BY LONG'S AND KNOWINGLY AND WILLINGLY ASSUME ALL RISKS. I INTEND TO BE LEGALLY BOUND BY THIS AGREEMENT.

Signature of PARTICIPANT	Print Name	Date
Witness Signature	Print Witness Name	// Date
IF STUDENT/PARTICIPANT IS UNDER 18	YEARS OF AGE:	
As parent/guardian of (Please Print Child's Name	.)	
Intending to be legally bound, I on behalf of the above portion of this form.	minor-participant, hereby agree to all to	erms and provisions stated on the
Parent/Guardian Name (Please Print):		
Parent/Guardian Signature:	Date	

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