Dells Dolphins COVID waiver and acknowledgement

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact and air particles. 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. Participating in the Dells Dolphins Swim Team could increase the risk of contracting COVID-19. Dells Dolphins in no way warrants that COVID-19 infection will not occur through participation in Dells Dolphins activities or accessing the facilities the Dells Dolphins utilizes. As a condition of my participation or my child’s participation in the Dells Dolphins Swim Team Program, I accept any risk of infection from COVID-19. I specifically release and hold harmless the City of Wisconsin Dells, and the Dells Dolphins Swim Team and the Tri County Conference from any losses, damages, or personal injury to myself, my child, or my household from participation in any Dells Dolphins swim team program or activity.

You acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that your family, including child(ren), may be exposed to or infected by COVID-19 while on site at the pool or facility and that such exposure or infection may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by COVID-19 at the pool or facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Dells Dolphins Swim Team, and pool employees, volunteers, and program participants and their families.

You acknowledge, Dells Dolphins Swim Team, cannot prevent you (or your child(ren)) from becoming exposed to, contracting, or spreading COVID-19 while participating in Wisconsin Dells Dolphin meets. It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in a Dells Dolphins scheduled swim meet, practice or other activity/event you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19

You agree that you, or your child, are voluntarily participating in these activities, with knowledge of the risks associated with such activity.

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_