



## **PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE**

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Lithuania Scout Association Detroit, (herein referred to as LSAD) programs or activities, now or any time in the future.

### **ACKNOWLEDGMENT OF RISK**

\_\_\_\_\_ (Initial) I do hereby acknowledge and agree that participation in any activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any activity or program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, (4) equine related injuries, (5) boating related injuries, (6) target sports related injuries and (7) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with any activity or program participation and that said list in no way limits the operation of this Agreement.

### **CORONAVIRUS / COVID-19 WARNING & DISCLAIMER**

\_\_\_\_\_ (Initial) Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in LSAD programs or accessing LSAD facilities could increase the risk of contracting COVID-19. LSAD in no way warrants that COVID-19 infection will not occur through participation in LSAD programs or accessing LSAD facilities.

**WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE**

In consideration of my participation in YMCA activities and programs, I, \_\_\_\_\_, agree to release and on behalf of myself and my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE LSAD, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against LSAD on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of LSAD facilities/equipment or participation in LSAD programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of participation in activities and programs, I, the undersigned agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the activity and program participation.

I hereby certify on behalf of myself that I have full knowledge of the nature and extent of the risks inherent in any activity and program participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, sustained while participating in any activities and programs and that by signing this agreement I, on behalf of myself, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and have no conditions or impairments which would preclude safe participation in any activities and programs.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. 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.

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Participant Name (Print Clearly)

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Date

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Signature