Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention (“CDC”) has stated that “the best way to prevent illness is to avoid being exposed to this virus.” https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to participate in the City of Dunedin’s Citizens’ Academy, Class of 2020.

I acknowledge that City of Dunedin employees come into contact with multiple individuals, and might become exposed to COVID-19. I also acknowledge that although the City of Dunedin takes precautions to reduce the likelihood of transmission of COVID-19 by its employees, the City of Dunedin cannot guarantee that I will not become infected with COVID-19.

I knowingly acknowledge that by participating in the City of Dunedin’s Citizens’ Academy, I am exposing myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and failures to act of myself and others, including, but not limited to, the City of Dunedin employees, and other program participants.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out of or in connection with myself becoming exposed to or infected by COVID-19 while I am participating in any City of Dunedin program. On my own behalf, I hereby release, covenant not to sue, and forever discharge the City of Dunedin, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of or in any way connected with myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of the City of Dunedin, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any City of Dunedin program.

Student’s Signature: ___________________________________________ Date: ____________

Student’s Name (Printed): ________________________________________________