## COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, and HOLD HARMLESS TBAA, its officers, officials, agents and/or employees, and the Gloucester Township Public School District, its Board of Education, and all staff (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name		Age	Date
X			
Participant's Signature			
FOR PARENTS/GUARDIANS OREGISTRATION)	F PARTICIPANT	OF MINOR AGE (UN	NDER AGE 18 AT TIME OF
This is to certify that I, as parent/grown to his/her release as provided about a release and agree to indeminate to my minor child's involvement of the negligence of the Releasees,	ove of all the Releanify and hold harm rearticipation in the	asees, and, for myself, lless the Releasees fron lese programs as provid	my heirs, assigns, and next o m any and all liability incidents
X			
Parent/Guardian Signature	Date	Emergency Pho	one Number(s)