

**SYOSSET CENTRAL SCHOOL DISTRICT**

**SYOSSET, NEW YORK**

**USE OF FACILITIES**

**PARTICIPANT COVID-19 WAIVER OF LIABILITY**

The Organization is responsible for submitting a COVID-19 PARTICIPANT WAIVER OF LIABILITY for all participants.

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I,(participant) \_\_\_\_\_ acknowledge and understand the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected by COVID-19 by attending and/or participating in Organization events at the Syosset Central School District (the "School District") and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the School District may result from the actions, omissions, or negligence of myself and others, including but not limited to, Organization employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance or participation in the Organization.

I do hereby hold harmless, waive, release, and forever discharge the Syosset Central School District, its officers, trustees, administrators, employees, and/or agents ("Releasees"), from and against any and all claims, actions, causes of actions, suits, damages, demands, and judgments which I, my heirs, executors, administrators, assigns, or next of kin may have for any death, bodily injury(ies), illness(es), impairment(s), which I and/or my child(ren) may sustain or suffer as a result of my participation in Organization events at the School District.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY FULLY, AND UNDERSTAND THAT I AM PARTICIPATING AT MY OWN RISK. I FULLY UNDERSTAND THE TERMS OF THIS WAIVER AND RELEASE OF LIABILITY AND EXECUTE IT FREE AND VOLUNTARILY WITHOUT INDUCEMENT.

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Signature of Parent/Guardian/Participant

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Date

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Print Name of Parent/Guardian/Participant

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SYAC Girls Softball  
Name of Organization