

INFORMED CONSENT AND WAIVER OF LIABILITY

Please read and complete the following carefully as it affects your legal rights.

I _____, acknowledge and agree that the use of The Corporation of the County of Brant facilities permitted herein may include possible exposure to and illness from infectious diseases, including but not limited to, COVID 19. I understand as well personal injury/illness (including exposure and illness from COVID-19) may be caused or contributed to by the negligence or carelessness of others.

In consideration for The Corporation of the County of Brant allowing me to use the facilities, I agree on behalf of myself and my heirs, assigns, personal representatives and next of kin that:

1. I assume and accept, without limitation, all risks and dangers associated with my use of the facilities and hereby release and forever discharge The Corporation of the County of Brant, its councilors, employees, volunteers and agents (hereinafter referred to collectively as the "County") from and against any and all claims for damage or injury/illness to myself, including death and illness from COVID-19, that might result from the use of the facilities except for those damages or injuries caused solely by the gross negligence of the County.
2. I assume full responsibility for understanding the rules, terms, conditions and safe practices associated with the facilities, including but not limited, the advice, recommendations and instructions of public health officials, including any advice, recommendations or instructions on physical distancing and all other measures necessary for the protection of health and safety of myself and others.
3. I will defend, indemnify and hold harmless the County from any damage, loss, liability, legal costs and other expenses that they may suffer or incur by reason of any claim against them arising from or connected, directly or indirectly, with my presence at or use of the facilities, including any claims based on negligence, gross negligence, breach of contract and breach of statutory or other duty unless the damage, loss, liability, legal costs and other expenses are caused solely by the gross negligence of the County.

Acknowledgement

I have read, understood and agreed to the above waiver of liability and assumption of risk in its entirety and understand that by signing this document I give up certain legal rights that I may have, including the right to sue. I understand that the County is relying on this document when accepting my use of the facilities and I hereby consent to use the facilities acknowledging all of the foregoing.

Participant name (printed)

Participant signature
(if Participant is under the age of 18, signature of parent/guardian)

Date

Address, , Phone Number and Email