

Cleveland County Family YMCA

LIABILITY WAIVER AND RELEASE FORM (MINOR CHILD)

The Cleveland County Family YMCA is a cause driven charitable organization that is dedicated to strengthening the foundation of our community through youth development, healthy living, and social responsibility. As part of this charge, and consistent with and in response to Executive Order No. 119 issued by Governor Roy Cooper on March 20, 2020 relating to the crisis created by the COVID-19 pandemic, the YMCA is committed to helping meet the child care needs of our community, especially for its first responders, hospital staff, front-line healthcare providers, nursing and adult group home staff, child care program staff, food service staff, emergency management workers, public safety officers, and others working to keep our community safe and healthy during the COVID-19 pandemic. Specifically, because of and during the existence of the COVID-19 pandemic, the YMCA is willing and able to provide child care, at a significantly reduced rate, to those listed above, subject to the following.

I hereby certify that I am the adult parent or guardian of _____, a minor child under the age of eighteen years, and I consent to his/her being placed in the care of the YMCA.

Assumption of Risk. I understand and acknowledge that I am fully aware of and assume the risks (including, but not limited to, my child contracting COVID-19) of placing my child in the care of the YMCA. Being fully informed as to these risks and in consideration for the child care being provided by the YMCA, on behalf of my minor child, I hereby expressly and specifically assume all risk of injury, illness, damage and liability arising from placing my child in the care of the YMCA.

Release and Waiver. I hereby release, waive, covenant not to sue, and agree to indemnify and hold harmless the YMCA, its officers, directors, employees, agents, contractors, volunteers, successors and assigns from any and all liability, claims, actions, demands, judgments, costs or expenses, including attorneys' fees, which may arise from placing my child in the care of the YMCA.

Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I understand and further agree that no oral representations can or will alter the contents of this document.

I REPRESENT THAT I HAVE READ THIS RELEASE, OR HAD IT READ TO ME. I FULLY UNDERSTAND THAT I HAVE WAIVED RIGHTS BY SIGNING THIS RELEASE. I AM UNDER NO PRESSURE OR DURESS TO SIGN, AND I SIGN THIS RELEASE INTENTIONALLY, VOLUNTARILY, AND OF MY OWN FREE WILL. I ACKNOWLEDGE AND AGREE THAT THIS RELEASE SHALL BE BINDING UPON MY CHILDREN, FAMILY, HEIRS, ASSIGNS, AND PERSONAL REPRESENTATIVES.

Signature of Parent or Guardian

Date: _____

Print Name: _____