



## Waves Surf Academy COVID-19 RELEASE & INDEMNITY AGREEMENT

**Parent Guardian Name:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_

The novel Coronavirus (COVID-19) infections have been confirmed throughout the United States, including many cases in Florida. Waves Surf Academy has taken several steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing transmission of COVID-19. The undersigned acknowledges and agrees that Waves Surf Academy may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies.

The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating campers shall visit Waves Surf Academy Surf Camp if he or she experiences symptoms of COVID-19, including but not limited to, fever, cough, or shortness of breath; &/or if he suspects to have been exposed to COVID-19 & if he/she has been diagnosed with COVID-19. The undersigned understands that neither the undersigned nor such participating campers may return to Waves Surf Academy camps until he/she is cleared to do so in writing by a qualified and licensed physician.

The undersigned hereby agrees that his/her child is permitted to get his/her temperature taken each morning at registration.

The undersigned hereby agrees that Waves Surf Academy is not liable for children that potentially get exposed to COVID-19 & releases Waves Surf Academy, LLC & Delray Breakers on the Ocean Hotel from any liability arising from exposure to COVID-19.

I HEREBY AGREE THAT I, INDIVIDUALLY AND ON BEHALF OF MY MINOR CHILD AS WELL AS OUR ASSIGNEES, HEIRS, DISTRICTS, GUARDIANS AND LEGAL REPRESENTATIVES, WILL NOT MAKE ANY CLAIM AGAINST, SUE, OR ATTACH THE PROPERTY OF WAVES SURF ACADEMY, THE DELRAY BREAKERS ON THE OCEAN HOTEL OR ANY OF ITS INSTRUCTORS, AGENTS OR REPRESENTATIVES FOR POSSIBLE EXPOSURE TO COVID-19.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ & UNDERSTOOD ALL THE TERMS OF THIS DOCUMENT & IS SIGNING VOLUNTARILY, WITHOUT CONCERN OR INFLUENCE.

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Signature:** \_\_\_\_\_