

# Kobushi Family Karate Center

## Assumption of the Risk and Waive of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person Contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Kobushi Family Karate Center (“KFKC”) has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, KFKC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending KFKC program, 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 KFKC program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, KFKC 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 at the KFKC program. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless KFKC, its employees, agents, and representative, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of KFKC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at KFKC program.

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Signature of Parent/Guardian

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Date

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Print Name of Parent/Guardian

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Name of Participant (s)