

CITY OF BREESE POOL WAIVER

(COVID-19)

Date: _____

NAME: _____

NAME OF CHILD(REN): _____

I acknowledge the contagious nature of Coronavirus/Covid-19. The CDC, the Illinois Department of Public Health and the Clinton County Health Department recommend practicing Social Distancing. I also acknowledge that the City of Breese has put into place reasonable preventative measures to reduce the spread of Coronavirus/Covid-19.

I acknowledge that The City of Breese cannot guarantee that I or my child(ren) will not contract or be exposed to Coronavirus/Covid-19 through the use of the City of Breese Public Pool.

Notwithstanding the risk of contraction of Coronavirus/Covid-19 or other infectious disease, I consent to use and to allow my child(ren) to use the Breese Public Pool and related facilities. I agree that neither the City of Breese nor staff members of the Breese Public Pool shall be held liable, in any way, for any injury, illness, death or other damage arising out of the use of the Breese Public Pool. I hereby release and agree to hold the City of Breese, its employees and agents, harmless, and waive on behalf of myself, and the children identified herein, my heirs and my estate, any and all claims and causes of action, demands, damages, or loss to myself or my children related to the use of the Breese Public Pool.

Printed Name

Date: _____

Signature (Parent Signature if under the age of 18)