



**Assumption of the Risk and Waiver 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. Say Yes Buffalo has put in place health and safety protocols to reduce the spread of COVID-19; however, Say Yes Buffalo cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending a Say Yes Buffalo Summer Camp site could increase your risk and your child(ren)'s risk of contracting COVID-19.

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 Say Yes Buffalo Summer Camp 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 Say Yes Buffalo Summer Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, program participants and their families, employees, volunteers, directors, officers, agents and other representatives of Say Yes Buffalo, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, and their respective subsidiaries or affiliates.

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 Say Yes Buffalo Summer Camp or participation in Say Yes Buffalo Summer Camp programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Say Yes Buffalo, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, their respective subsidiaries or affiliates, or other respective management, agents, employees, directors, officers and other representatives, 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 Say Yes Buffalo, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, their respective subsidiaries or affiliates, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Say Yes Buffalo Summer Camp program.

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Signature of Parent/Guardian

Date

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Name of Parent/Guardian

Name(s) of child(ren)

**PERMISSIONS AND CONSENTS** \_\_\_\_\_ Field Trips: I consent for my child to participate in field trips away from the facility. (Initial) \_\_\_\_\_ Emergency Medical Treatment: In the event of an emergency or injury, I give permission for (Initial) my child to be treated by a medical professional at the nearest medical clinic or hospital. I \_\_\_\_\_ also give permission for my child not to be treated at a medical facility if a staff person of \_\_\_\_\_ the summer camp program can treat him/her, or deems it not necessary to transport him/her to the hospital (the summer camp will have a staff member trained in First Aid and CPR).

\_\_\_\_\_ Media: I approve pictures, video recording, etc. to be taken of my child at the summer camp (Initial) program, and to be used in any marketing efforts and all publications, including social media.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**DISMISSAL**

\_\_\_\_\_ My child is a walker, and will be dismissed to walk home alone at the end of Tru Way C.C. (Initial) program.

\_\_\_\_\_ I will pick my child up DAILY from the Tru-Way C. C. program no later than 5 minutes after the (Initial) scheduled dismissal time. I will enter the site and sign my student out each day. I understand that I must arrive within the scheduled pick up time or local enforcement authorities will be contacted.

The following are the **ONLY** other individuals authorized to pick up my child from Tru-Way C.C. Afterschool Program:

\*Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

\*Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

\*This person must present valid photo ID before the student will be released.

I understand that participation in this program involves certain inherent risks of injury, despite all safety precautions taken by staff. Therefore, as the guardian I will assume all risks, injury, or illness, for my child that may occur during the participation in activities. I certify that my child is fully covered by medical insurance and/or that I am financially responsible for costs associated with any medical/dental treatment. I agree to hold harmless Tru-Way C.C., collaborating organizations, their respective subsidiaries or affiliates, or their respective management, agents, employees, directors, officers, and other representatives in the event of injury to my child.

**I HAVE READ AND I UNDERSTAND THIS AGREEMENT AND VOLUNTARILY SIGN THIS INDEMNITY AGREEMENT.**

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_