**City of Arlington - Arlington Community Event Center**

730 Main St.

Arlington, IA 50606

563-633-2345

**General Liability Release Form**

**Event:** UTV Ride

**Event Date:** August 16, 2020

**To:** City of Arlington and all property land owners

Participant:

I completely understand and realize that participation in the above-mentioned event or activity could include actions or tasks which might be dangerous or hazardous to me.

The City of Arlington cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while participating in this event. It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in this event, you may be exposing yourself, and your guests to and/or increasing your risk of contracting or spreading COVID-19.

By signing below, I agree to the fact that participation can cause harm or injury to me. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children by participating in this event.

I release the organization or business named above from all liability, costs and damages which could arise from participation in the above-named event or activity. I agree to accept financial responsibility for the costs related to any emergency treatment and give my confirmation of the same by signing this document. I hereby forever release and waive my right to bring suit against The City of Arlington, its officials, trustees, agents, employees, or other representatives and Arlington Community Center directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participating in this event.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_