



# CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF COMMUNITY  
SERVICES

## **ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY** **RELATING TO CORONAVIRUS/COVID-19**

I understand and acknowledge that the novel coronavirus/COVID-19 has been declared a global pandemic by the World Health Organization. I understand and acknowledge that COVID-19 is a public health risk, and while the City of Ocean City has put in place preventative measures to help reduce the spread of COVID-19, the potential of becoming infected with COVID-19 still exists. COVID-19 is extremely contagious and the mode by which COVID-19 is transmitted or how long it remains on surfaces is not entirely known. I agree that I am personally responsible for my safety and actions while using the amenities of the Aquatic and Fitness Center offered by the City of Ocean City. However, because the Aquatic and Fitness Center is open for use by other individuals, I recognize that I am at risk of contracting COVID-19. With full awareness and appreciation of these facts and the risks involved, I, for myself, and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby and forever knowingly and voluntarily waive and release the City of Ocean City from all present and future claims of any type for any harm or loss, including but not limited to economic loss, personal injury, disease, death, or property damages suffered by me related to COVID-19 whether caused by negligence of the Released party, any third-party using the Aquatic and Fitness Center, or otherwise, while using the Aquatic and Fitness Center. I agree to indemnify, hold harmless, and covenant not to sue the City of Ocean City, its employees, agents and all other parties and their representatives, successors, and assigns for any and all costs, expenses, damages, claims, lawsuits, judgments, losses and/or liability (including attorney fees), injuries, including death, loss of use, monetary loss, or any other injury from or related to my use of the Aquatic and Fitness Center, whether caused by the negligence of the Released Parties or otherwise specifically related to COVID-19.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Witness

By: \_\_\_\_\_ / \_\_\_\_\_  
Signature Printed Name



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