

**City of Ogdensburg  
Department of Public Works**

901 Champlain Street – Ogdensburg, New York 13669  
Telephone: (315) 393-2300      Fax: (315) 393-0886  
<http://www.ogdensburg.org>



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. Attending a public program or activity may increase the risk that you or your child(*ren*) may contract *COVID-19*. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Ogdensburg, New York have identified protocols and put in place preventative measures to reduce the spread of *COVID-19*. However, the City of Ogdensburg cannot guarantee that you or your child(*ren*) will not become infected with *COVID-19* as a result of you or your children's attendance and/or participation in a program or activity sponsored or made available by the City of Ogdensburg, including on any property or facility owned or maintained by the City of Ogdensburg

Name(s) of Participant(s): \_\_\_\_\_

Program or Activity / Property Location: \_\_\_\_\_

Each of the undersigned acknowledges the following:

- A. I am over the age of 18 years, and am (a) a participating adult named above, and/or (b) the parent or legal guardian of the minor child or children named above, and hereby consent to my child(*ren*)'s attendance and participation in the above described program or activity.
- B. I acknowledge the contagious nature of *COVID-19*. I am aware that exposure or infection may result in bodily injury, illness, temporary or permanent disability, and/or death.
- C. I understand that our attendance or participation in the above identified program or activity may result in my child(*ren*) and/or me being exposed to, or infected by, *COVID-19*, and that the risk of exposure or infection may result from the actions, omissions, or negligence of myself and others, including, but not limited to council members, officers, employees, agents, volunteers, and representatives of the City of Ogdensburg, program participants and their families.
- D. I have independently evaluated the risks of being exposed to or infected by the *COVID-19* virus before, during, and after attending or participating in the above identified program or activity, and I have determined to attend or participate, and/or to allow my child(*ren*) to attend or participate in said program or activity.
- E. On my behalf, and on behalf of each of my children, and our respective heirs, representatives, executors, administrators and assigns:

Signature on back →

**City of Ogdensburg**  
**Department of Public Works**

901 Champlain Street – Ogdensburg, New York 13669  
Telephone: (315) 393-2300      Fax: (315) 393-0886  
<http://www.ogdensburg.org>



1. I voluntarily assume full responsibility and liability for any injury to my child(*ren*) or myself, including, but not limited to, personal injury, illness, disability, death, and any other damage, loss, claim, liability, or expense of any kind, that my child(*ren*) or I may experience or incur in connection with, or that arises out of or is in any way related to, our attendance or participation in the above identified program or activity.
  
2. I hereby fully and forever release, waive, discharge, hold harmless and indemnify the City of Ogdensburg, and its council members, officers, employees, agents, volunteers, and representatives, of and from any and all claims, demands, and legal actions for injury illness, disability, death, and any other damage, loss, claim, liability, or expense of any kind my child(*ren*) or I may experience or incur in connection with, or that arises out of or is in any way related to, our attendance or participation in the above identified program or activity.
  
3. Without limitation, this Release includes any claims against the City of Ogdensburg, its council members, officers, employees, agents, volunteers, and representatives, in relation to me or my child(*ren*)’s contraction of a *COVID-19* infection, whether such occurs before, during, or after our attendance or participation in the above identified program or activity.

\_\_\_\_\_   
Dated

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

\_\_\_\_\_   
Signature   
Adult Self / Parent and/or Legal Guardian