

COVID ACKNOWLEDGEMENT FORM

CITY OF LEMOORE RECREATION: 721 W. CINNAMON DRIVE, LEMOORE, CA 93245; 559-924-6744, OPTION 2
parksandrec@lemoore.com

PARENT/LEGAL GUARDIAN INFORMATION

FIRST NAME: _____ LAST NAME: _____

I agree to follow the Center for Disease Control (CDC) guidelines while using City property. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and others including, but not limited to, my child(ren) may be exposed to or infected by COVID-19 by using City facilities including, but not limited to, parks 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 may result from the actions, omissions, or negligence of myself and others and the City will not be held responsible for any such infection and/or the resulting consequences of contracting COVID.

Signature below acknowledges understanding and consent of the information provided herein.

Signature: _____ Date: _____