

**Lenape Regional High School District**  
**Waiver/Release for Return to Play- COVID-19**

In consideration of the Lenape Regional High School District permitting the organization or entity named below to utilize Lenape Regional High School District athletic fields for a non-District-affiliated sports program or indoor use of our facilities, the undersigned, on behalf of the organization and with full authority to commit it to these terms, acknowledges, agrees and certifies that the organization will:

- Fully comply with ALL COVID-19 New Jersey state sport guidelines promulgated through the Governor’s Executive Orders, New Jersey Department of Health, or the New Jersey State Interscholastic Athletic Association.
- Follow ALL current CDC guidelines applicable to youth sports, as updated from time to time – see: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>
- Fully comply with ALL COVID-19 guidelines promulgated through the Governor’s Executive Orders or New Jersey Department of Health.

I understand that failure to comply with this Agreement will result in immediate revocation of my organization’s permission to use District facilities.

In addition, as an express condition of being permitted to use District facilities, the organization releases and waives any claims against the Lenape Regional High School District Board of Education, its trustees, employees and agents, arising in any manner from COVID-19 infection, and agrees to indemnify and hold harmless the Lenape Regional High School District Board of Education, its trustees, employees and agents, from liability arising from the organization’s failure to comply with this Agreement or for any and all claims for exposure to COVID-19, including serious injury or death, arising from the organization’s use of School District facilities.

I HAVE READ THIS AGREEMENT FULLY, UNDERSTAND ITS TERMS, AM AUTHORIZED TO BIND THE BELOW ORGANIZATION TO ITS TERMS, AND SIGN THIS DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Organization: \_\_\_\_\_

Name of authorized agent: \_\_\_\_\_

Signature of agent: \_\_\_\_\_

Date signed: \_\_\_\_\_