

COVID-19 MONITORING PERMISSION

In consideration of myself and/or my child/ward being allowed to participate in the Activity, I grant the City of Lake Forest, its officials, agents or employees full permission to do a temperature scan on myself and/or my child/ward and monitor for symptoms of COVID-19.

I understand and agree that if I and/or my child/ward has a temperature, shows symptoms of COVID-19 or answers any questions in the affirmative, I and/or my child/ward shall not be allowed to participate in the Activity.

Extension of Participant Liability Waiver and Hold Harmless Agreement. I hereby agree and understand that the terms and provisions of the Participant Liability Waiver and Hold Harmless Agreement contained on the Registration Form is extended to include COVID-19 exposure, infection or the monitoring of COVID-19 exposure as provided above.

Acknowledged and Agreed to this day of , 2020.

Participant or Parent or Legal Guardian