

RELEASE OF LIABILITY FORM

I hereby agree to hold City Of Meridian and its employees harmless from any liability which may arise from incidents, accidents or COVID-19 related sickness involving my child while on City of Meridian premises. I understand there are risks present and I take full responsibility of those.

This release form will be valid for 1 year at time of signing.

Name of Athlete _____

Name of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____