

Toledo Police Department - Safe-T-City



WAIVER AND RELEASE OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The World Health Organization has declared the novel coronavirus, COVID-19 a worldwide pandemic that is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend masking, hand washing and social distancing. On March 10, 2020, Ohio Governor Mike DeWine issued Executive Order 2020-0D1. This order declared a state of emergency across the state of Ohio under section 5502-22 of the Ohio Revised Code.

Where possible, The City of Toledo and Toledo Police Department has and will continue to implement policies intended to reduce the potential for the spread of COVID-19, but cannot guarantee that you, your household, or members of your family will not become infected with COVID-19 as a result of utilizing and/or participating in the Toledo Police Department's Safe-T-City services premises. Further, such participation could increase your risk and, therefore, the risk to your family members and persons within your household of contracting COVID-19. Finally, the City of Toledo and Toledo Police Department require all participants to adhere to all local, state and federal regulations regarding masking, hand washing and social distancing.

I have read and understand the above warning concerning COVID-19, and I acknowledge and understand that the City of Toledo and Toledo Police Department cannot completely prevent you,

_____ Name of parent/legal guardian

[or your child(ren)]

_____ name of child(ren)

from potentially becoming exposed to, contracting, or spreading COVID-19 while utilizing the Toledo Police Department Safe-T-City services or premises, nor is it possible to completely prevent against the presence of the disease.

ASSUMPTION OF RISK: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I further agree to assume all of the foregoing risks and voluntarily accept sole responsibility for myself and/or my children in order to utilize the Toledo Police Department's Safe-T-City services premises. These services are of such value to me [and/or to my children,] that I accept the potential risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize them.

WAIVER OF LAWSUIT/LIABILITY: On my behalf, and on behalf of my household and family, I hereby forever release, covenant not to sue, discharge and hold harmless the City of Toledo, the Toledo Police Department, and its officers, directors, managers, officials, trustees, agents, employees, or other representatives of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to potential exposure, infection, and/or spread of COVID-19 related to utilizing the Toledo Police Department's Safe-T-City services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Ohio will apply to this Waiver and Release.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____

Date: _____ Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____

Date: _____ Name (printed): _____

**2021 SAFE-T-CITY APPLICATION
TORCH Program**

Office Use Only
Date Received _____
Confirmed _____

PLEASE PRINT LEGIBLY			
Child's Name		Parent/Guardian	
Child's Address		Home Phone	
City	Zip	Cell Phone	
Date of Birth	Age	Work Phone	
Child's sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Email address	
Child will be attending _____ school. (in fall)			

EMERGENCY INFORMATION

Emergency Contact - please list persons to be contacted, if parents cannot be notified. (Different from those above)

Name	Relationship to Child	Phone (xxx-xxx-xxxx)
1)		
2)		

Child's Doctor	Phone Number
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Special needs/medical issues/allergies that the instructors at Safe-T-City will need to know about your child:

Dates of TORCH Session	Class Time
August 2 – August 6	8:30 a.m. - 11:30 a.m.

Early return of the registration form is recommended due to limited enrollment.

You will receive a confirmation in the mail. If you provided an email address on this form, you will receive an email confirmation. Upon receipt, be sure to print it out for your records.

**I hereby give my consent for my child _____ to participate in the Safe-T-City Program. I understand that I am responsible for transportation to and from the Scott Park Shelter House, at 2201 Nebraska Avenue.*

Parent/Guardian Signature: _____

Application must be accompanied with a completed waiver and release of liability relating to Coronavirus to be considered.

Please mail completed forms to:

Safe-T-City, Scott Park District Station, 2301 Nebraska Avenue, Toledo, OH 43607

Registrations forms may also be faxed to (419) 936-3859 or e-mailed to: safe.t.city@gmail.com

Any questions, please call: 419-936-2984