

**YOUTH RECREATION PROGRAM PARTICIPATION AGREEMENT**

As partial consideration for the Borough of North Haledon (the "Borough") providing PARTICIPANT NAME \_\_\_\_\_ ("Participant") with the opportunity to participate in the Baseball/Softball ("Program") I, \_\_\_\_\_, with an address of \_\_\_\_\_, as parent or guardian of Participant, for myself and on behalf of my spouse or partner, hereby (1) covenant and agree that Participant and I will abide by all rules and regulations of the Borough applicable to participation in the Program, including compliance with all COVID 19 limitations and notices; (2) acknowledge and agree that there are foreseeable and unforeseeable risks inherent in participation in recreational programs and that the Borough makes no representation or warranty regarding any risks or hazards, or lack thereof, associated with participation in the Program, and (3) release the Borough, its officials, departments, employees, volunteers, contractors, insurers, including the NJIIF, its owners, employees, volunteers and subcontractors from and against all claims, losses, costs and damages arising from Participant's participation in the Program, including but limited to the risk associated with exposure to and contraction of the COVID 19 virus. I also represent, covenant and agree that Participant has been cleared by his/her physician to participate in the Program and further, that if Participant suffers any injuries or damages as a result of his/her participation in the Program, my sole remedy shall be to turn any associated medical bills over to my health insurance carrier for payment. I further agree that if a medical emergency should arise and I cannot be reached immediately in person or at the contact numbers listed below, I hereby grant emergency medical personnel to take whatever steps he or she deems necessary to safeguard the welfare of Participant. Finally, I understand that in order to comply with NJDOH protocols, the Borough may collect medical information ("Medical Records") as defined under the Health Insurance Portability and Accountability Act ("HIPPA") regarding Participant prior to each day of activity at a Borough facility, including but not limited to his/her body temperature and I (a) hereby authorize the release of Participant's Medical Records to the Borough and its employees and volunteers who supervise or conduct the Program, and (b) acknowledge and agree that the Borough has the right, in its sole discretion, to determine if Participant will be allowed to participate in the Program on any given day based upon her/his medical condition as disclosed through the Medical Records or otherwise.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Printed name and signature of Parent/guardian)

**Parent/Guardian Contact Information:**

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_