



# COVID-19 LIABILITY WAIVER

By signing below I agree to comply with all USTMA policies and rules, including but not limited to all USTMA policies, guidelines, signage, and instruction. Because USTMA is open for use by other individuals, I recognize that me and my family are at higher risk of contracting COVID-19. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family hereby forever release, waive and discharge USTMA from any liability specifically related to COVID-19.

I hereby acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act.

Responsible Parent/Guardian:	PRINT	SIGN	Date: __/__/__
USTMA Representative:	PRINT	SIGN	Date: __/__/__