



TRANSPORTATION COVID-19 WAIVER AND RELEASE

Community Services 300 Bryson Lane 899-3410

NAME: _____ Mr. ___ Mrs. ___ Ms. ___

Address: _____ Phone: _____

I am aware of the risks and hazards of COVID-19, and I acknowledge and fully assume the risk of illness related to COVID-19 arising from using the City of Bay Village Community Services Transport Services and I hereby release, waive, discharge and covenant not to sue the City of Bay Village, its officials, elected or otherwise, agents, employees, contractors, and assigns (the "RELEASEES") from any liability related to COVID-19 which might occur as a result using the above services. I further agree that I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever, arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other related illness or injury. I have read and understand this document and voluntarily sign the same.

Signature _____

Date _____