



## City of Stamford-Recreation Services Terms of Agreement/Waiver:

As the applicant, I hereby certify that the information provided is true, complete and accurate to the best of my knowledge. I agree to follow the City of Stamford rules and regulations. I understand that failure to do so will lead to the revocation of the permit, the denial of other legal actions by the City of Stamford.

The applicant acknowledges that it is aware that in response to the Covid-19 pandemic, the State of Connecticut has promulgated rules regarding the reopening of athletic and recreational fields and facilities and regarding the conduct of recreational and sporting events which must be adhered to in order to protect public health and safety. The applicant acknowledges that it has reviewed all applicable Sector Rules for Reopening, Executive Orders of the Governor, and any other applicable State agency guidelines, and the applicant specifically agrees that it is responsible for complying with, and that it will comply with, and abide by all of the foregoing rules and orders for all of said league's/organization's recreational and sporting events that take place on City of Stamford or Board of Education fields or facilities.

The applicant shall release the City of Stamford and the Board of Education from any liability arising from any alleged failure to comply with or abide by any Covid-19 pandemic Sector Rules for Reopening, Executive Orders of the Governor, and any other applicable State agency guidelines. In addition, the applicant shall indemnify and hold the City of Stamford and the Board of Education harmless from any and all claims of injury or illness arising from an alleged failure to comply with any Covid-19 pandemic Sector Rules for Reopening, Executive Orders of the Governor, and any other applicable State agency guidelines. The applicant agrees that it will obtain and maintain liability insurance to cover any Covid-19 related claims, that the City of Stamford and the Board of Education will be additional insureds with respect to such insurance coverage, and that it will submit to its insurance carrier any such claims received by it or by the City of Stamford or the Board of Education.

I have received, read and will abide by all the rules and/or policies for use of City of Stamford facilities.

Organization/Team Name: \_\_\_\_\_

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date