



# CHESTER COUNTY SCHOOLS

## ASSUMPTION OF RISK WAIVER FOR ATHLETICS (COVID-19)

In consideration of being allowed to participate on behalf of \_\_\_\_\_ athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that (initial all below):

1. \_\_\_\_ Participation includes possible exposure to and serious illness from COVID-19. While specific rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. \_\_\_\_ I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.
3. \_\_\_\_ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS \_\_\_\_\_, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OR GROSS NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I further certify that as of the date of execution of this document, I do not have any of the following symptoms:
  - a. \_\_\_\_ Fever
  - b. \_\_\_\_ Cough
  - c. \_\_\_\_ Difficulty breathing
  - d. \_\_\_\_ Sore throat
  - e. \_\_\_\_ Loss of taste or smell
  - f. \_\_\_\_ Vomiting or diarrhea
  - g. \_\_\_\_ Any other symptoms related to COVID-19.
5. \_\_\_\_ I certify I have not been in contact with anyone known to be infected with COVID-19 in the previous 14 calendar days.
6. \_\_\_\_ I certify I have not traveled out of the country at any point during the past 14 calendar days.
7. \_\_\_\_ I acknowledge I have been advised to wear a mask or some type of face covering. If I do not wear a face covering, I am subject to immediate suspension or expulsion from the team.
8. \_\_\_\_ I agree to follow the posted guidelines and protocols required for athletics, which may include but are not limited to the following related to COVID-19: social distancing, sanitization and cleanliness, and health monitoring.
9. \_\_\_\_ I agree to have my temperature taken before every practice and/or game and to answer questions about my health status. I understand that if I have a temperature of 100.4°F or above or if my health status changes, I will be required to leave the property/facility immediately.

10. \_\_\_\_ I certify I will not use a water bottle that does not belong to me.

11. \_\_\_\_ I agree to comply with the stated and customary terms and conditions for participation as regards protection against COVID-19. If, however, my status changes as to any of the symptoms listed above or any other symptoms of COVID-19, or I contract COVID-19, that I must and will notify the coach within 24 hours via phone, email, and/or text.

12. \_\_\_\_ If I contract COVID-19, I will quarantine for a period of no less than 14 calendar days and will not return to practice/play until I obtain a note to do so from a physician/healthcare professional.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child understands and accepts these risks and responsibilities. I, for myself, my spouse, and child do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

\_\_\_\_ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS \_\_\_\_\_, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

\_\_\_\_ I acknowledge that if my child, listed above, tests positive for COVID-19 and/or develops any symptoms related to COVID-19, I will notify the coach within 24 hours via the methods described above.

\_\_\_\_ I further acknowledge that a letter may be sent to the team informing each athlete that a team member has tested positive for COVID-19.

\_\_\_\_ I certify that I will remain in my vehicle to observe practice and/or games, if and until this restriction is lifted.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_