

## Skyline Lacrosse Club: Coronavirus/COVID-19 Waiver

\*\*\* This waiver must be completed before practice \*\*\*

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Skyline Lacrosse Club (SLC) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 and I acknowledge and support those.

I further acknowledge that SLC cannot guarantee that my athlete will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, other athletes and their families.

I voluntarily seek services provided by SLC and acknowledge that I am increasing my athlete's risk to exposure to the Coronavirus/COVID-19. I acknowledge that my athlete must comply with all set procedures to reduce the spread while attending practice.

I attest that before each practice I can answer the below questions with the affirmative:

\* My Athlete is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* My athlete has not traveled internationally within the last 14 days.

\* My athlete has not traveled to a highly impacted area within the United States of America in the last 14 days.

\* I do not believe my athlete has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* My athlete has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

\* My athlete is following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Skyline Lacrosse Club harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the club, or that may otherwise arise in any way in connection with any services received from Skyline Lacrosse Club. I understand that this release

discharges Skyline Lacrosse Club from any liability or claim that I, my heirs, or any personal representatives may have against the club with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Skyline Lacrosse Club.

- I agree to the terms and conditions
- I acknowledge that by dropping my child off at the designated club events I am confirming that my child has satisfied the conditions of clearance to participate.

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Athlete/Participant's Name

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Parent Signature

Date