

COVID-19 DISCLOSURE, ACKNOWLEDGEMENT & WAIVER



PARTICIPANT

Name: _____ **Team Level:** Coach Athlete Other Adult

Have you been in close contact to a person who is lab-confirmed to have COVID-19 in the past 14 days?

____ Yes ____ No

If yes, what was the date of the last known close contact?

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Are you exhibiting any of the following new or worsening symptoms of possible COVID-19?

- ____ Cough
- ____ Shortness of breath or difficulty breathing
- ____ Chills
- ____ Repeated shaking with chills
- ____ Muscle Pain
- ____ Headache
- ____ Sore throat
- ____ Loss of taste or smell
- ____ Diarrhea
- ____ Feeling Feverish or a measured temperature greater than or equal to 100 degrees Fahrenheit
- ____ Known close contact with a person who is lab confirmed to have COVID-19
- ____ Currently living with someone experiencing symptoms of COVID-19
- ____ None of the above/No Symptoms

Temperature certification:

____ I certify that I took my temperature before arriving at the field today and it was less than 100° F. A representative from the team may recheck you daily to verify.

Duty to Inform:

____ I will inform you if I knowingly come in contact with someone who tested positive within 14 days prior.

____ I will inform you and not attend Kingston Huskies activities for 14 days if I develop any of the above symptoms. If I test positive for COVID-19, I will not return to Kingston Huskies activity without medical clearance.

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread from person-to-person contact. Federal, state, and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities.

Kingston Huskies Football & Cheer Organization is taking steps to reduce the spread of COVID-19; however, Kingston Huskies **cannot guarantee** that you or your child(ren) will not become infected with COVID-19 or any other communicable disease. Further, **attending Kingston Huskies activity could increase** the risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Kingston Huskies activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the act, omission, or negligence of myself and others, including, but not limited to, Kingston Huskies volunteers, and other participants and their families.

I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may incur by reason of Kingston Huskies activity (“Claims”). On my behalf, and on behalf of my children, I hereby release and covenant not to sue Kingston Huskies, its affiliated league, volunteers, agents, and representatives, of and from the Claims.

SIGNATURES

Participant Signature: _____ **Date:** _____ **Parent Signature:** _____ **Date:** _____

Witness: _____ **Witness:** _____