

**Washington County Home School Athletics (WCHSA)
COVID-19 PANDEMIC PLAYER CONSENT FORM**

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

WCHSA has put in place preventative measures to reduce the spread of COVID-19; however, WCHSA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending WCHSA sporting event(s) could increase your risk and your child(ren)'s risk of contracting COVID-19.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed here: Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat nor will I attend practices and/or games if demonstrating unexplained symptoms. Further, if I Test POSITIVE for COVID-19, I will inform the coaching staff of the test result within a timely manner.

Initial: _____

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 these event(s) 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 at WCHSA event(s) may result from the actions, omissions, or negligence of myself and others, including, but not limited to, WCHSA members, volunteers, and program participants and their families.

I voluntarily agree to assume all of 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 experience or incur in connection with my child(ren)'s attendance at event(s) ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless WCHSA, its members, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of WCHSA, its members, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any WCHSA sporting program.

Signature of Player (18 years or older) or Parent/Guardian

Print Name of Player _____

Print Name of Parent/Guardian _____ Phone _____

Date _____ Email _____