

Kings Bay Football

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.

Kings Bay Football has put in place preventative measures to reduce the spread of COVID-19; however, Kings Bay Football cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Kings Bay Football events 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, Chills, Fatigue, Body Aches, Headache, Nausea/Vomiting, Diarrhea, Shortness of Breath, Loss of Sense of Taste or Smell, Cough, Runny Nose, Sore Throat

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 this event 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 Kings Bay and may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, 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), my family, 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 family or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the event ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Kings Bay Football, its volunteers, employees, 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 Kings Bay, its volunteers, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Kings Bay program.

Signature of Parent/Guardian of Player _____

Date _____

Print Name of Player _____

Print Name of Parent/Guardian _____

Kings Bay Football COVID Daily Questionnaire

YES / NO *Do you have any of the following?*

- Fever or Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

In the past 14 days have you been exposed, come into contact, or living with someone with someone who:

[A] YES / NO [A] Has taken a COVID Test? (Awaiting Results)

[B] YES / NO [B] Has tested Positive for COVID?

[C] YES / NO [C] Has or had symptoms of COVID?

[D] YES / NO [D] Had contact with someone exposed to COVID?

YES / NO Have you traveled outside of the tri state area with in the last two weeks?

Contact is defined as being within 6 feet (2 meters) for more than 15 minutes with a person, or having direct contact with infectious fluids from a person with confirmed COVID-19 (for example being coughed or sneezed on).

Signature of Parent/Guardian of Player _____

Date _____

Print Name of Player _____

Print Name of Parent/Guardian _____