



PARTICIPANT INFORMATION

Player Name: _____ Date: _____ Team/Activity: _____

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?

COVID-19 DISCLOSURE, ACKNOWLEDGMENT & WAIVER

Signs and Symptoms:
____ I will assess my child for signs and symptoms of COVID-19 prior to participation at each practice or game and will not allow them to participate if exhibiting any of the following: cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, or feeling feverish or a measured temperature greater than or equal to 100 degrees Fahrenheit.

Duty to Inform:
____ I will inform the commissioner of the league immediately if my child comes in contact with someone who tested positive within 14 days prior and/or has been directed to quarantine by other authorities (eg, school, health department). My child will not return to play until at least 10 days have passed OR has a negative COVID-19 test.
I will inform the commissioner of the league immediately if my child has COVID-19 symptoms or has tested positive for COVID-19 with symptoms. My child will not return to play until both of the following criteria are met:

- At least 10 days have passed since symptoms first appeared.
- At least 24 hours with no fever without fever-reducing medication AND other symptoms of COVID-19 are improving.

____ I will inform the commissioner of the league immediately if my child tested positive for COVID-19 but had no symptoms. In this scenario, your child can return to play after 10 days have passed since the date of the positive test AND he/she has remained symptom free.

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.

LTAA is taking steps to reduce the spread of COVID-19; however, LTAA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending LTAA 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 LTAA 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, LTAA 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 LTAA activity ("Claims"). On my behalf, and on behalf of my children, I hereby release and covenant not to sue LTAA, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the Claims.

SIGNATURE

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____