

Township of West Caldwell Return to Play Waiver

PARTICIPANT INFORMATION

Name: _____ Team: _____ Date: _____

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 contact? _____

COVID-19 DISCLOSURE, ACKNOWLEDGEMENT, & WAIVER

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 100.4 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to be COVID-19 positive
- Currently living with someone experiencing symptoms of COVID-19
- None of the above/no symptoms

Duty to inform

I will inform my coach or a League official if:

- I knowingly come in contact with someone who tested positive within 14 days prior.
- If I develop any of the above symptoms.
- If I test positive for COVID-19.

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.

The Township of West Caldwell is taking steps to reduce the spread of **COVID-19**; however, the Township **cannot guarantee** that you or your child(ren) will not become infected with **COVID-19**. Further, **attending Township of West Caldwell activities 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 get infected by **COVID-19** by attending a Township of West Caldwell activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand 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, Township of West Caldwell 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 a Township of West Caldwell activity ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release and covenant not to sue the Township of West Caldwell, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the Claims.

SIGNATURES

Participant Signature: _____ Parent Signature: _____

Witness Name: _____ Witness Signature: _____