**COVID-19 Waiver**

**IN ADDITIONAL CONSIDERATION** for myself and/or my children being permitted to

utilize the services, utilize the facilities, and/or participate in the programs of Simley Youth Football Association, and Simley Football and their partners including, but not limited to, use of facilities or

equipment, or participation in any program affiliated with the program, the undersigned, on behalf of

himself or herself and such participating children and any personal representatives, heirs, and next of

kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees, and represents that

he or she has inspected and carefully considered such premises, equipment, and facilities and has

considered the SYF/Spartan programs and that the undersigned finds and accepts same as being safe

and reasonably suited for the use or participation by the undersigned and such participating

children.

The undersigned acknowledges that novel coronavirus (COVID-19) infections have been confirmed

throughout the United States, including cases in the State of Minnesota and locality. In

accordance with the guidance and recommendations issued by the World Health

Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Minnesota

Department of Health (MDH) for slowing the transmission of COVID-19, the undersigned hereby

agrees, represents, and warrants that neither the undersigned nor such participating children shall

visit or utilize the facilities, services, and/or programs of the SYF/Spartan (other than any exclusively online services and programs) within 14 days after:

**• returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice,**

**• exposure to any person returning from areas subject to a CDC Level 3 Travel Health**

**Notice, or**

**• exposure to any person who has a suspected or confirmed case of COVID-19**

The CDC Travel Health Network is continuously updating this list and the undersigned agrees that

they are aware of this list and the countries listed. The undersigned agrees to check on a daily basis

the CDC Travel Health Notices list (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)

prior to participating in or utilizing the facilities, services, and programs of the SYF and their partners.

The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such

participating children shall participate in, visit or utilize the facilities, services, and/or programs of the

SYF if he or she:

**• experiences symptoms of COVID-19, including, without limitation, fever, cough, loss of sense of**

**taste or smell, or shortness of breath**

**• or has a suspected or diagnosed/confirmed case of COVID-19 or**

**• has knowingly been around another person who has been diagnosed or suspected to have**

**COVID-19**

**• or has been contacted by Contact Tracing personnel and/or told to quarantine**

**COVID-19 WAIVER**

The undersigned agrees to notify the SYF immediately if he or she believes that any of the

foregoing access/use restrictions may apply. SYF has taken certain steps to implement certain

recommended guidance and recommendations issued by public health agencies for slowing the

transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The

SYF COVID-19 Safe Play (and other resources provided by the MN Department of Health and

Centers for Disease Control) can be reviewed upon request. The undersigned acknowledges

and agrees that the SYF may revise its procedures at any time based on updated recommended

guidance and recommendations to utilizing the facilities and services, and/or prior to participating in

the programs of the SYF. The undersigned further acknowledges and agrees that, due to the

nature of the facilities, services, and programs offered by the SYF, social distancing of 6 feet per

person among children and their fellow participants or others is not always possible. The undersigned

fully understands and appreciates both the known and potential dangers of participating in the

programs and/or utilizing the facilities and services of the SYF and acknowledges that use thereof

by the undersigned and/or such participating children may, despite the SYF reasonable efforts to

mitigate such dangers, result in exposure to COVID -19, which could result in quarantine

requirements, serious illness, disability, and/or death.

**PARENT/GUARDIAN AGREEMENT**

I, as the parent/guardian of the registered minor, agree to abide by the rules of the Simley Youth Football, Spartan Football, and board members and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with Football and in consideration for the SYF accepting the player for its programs and activities, I hereby release, discharge and/or otherwise indemnify Simley Youth Football, and Simley Football and its volunteers, affiliated organizations, sponsors, their employees and associated personnel, including owners of facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the program. If unable to continue activities no refund of any fees, registrations, or deposits shall be due.

Parent/Legal Guardian of Minor Player (Print):\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_