



## COVID-19 Screening Packet

### Weekly Questionnaire

1. Do you have:
  - A fever of 100.4 Fahrenheit or higher
  - A cough
  - Shortness of breath or difficulty breathing

Yes

No
2. Have you traveled anywhere in the last 30 days to regions affected by COVID-19?

Yes

No
3. Have you been in close contact with anyone who has a confirmed COVID-19 diagnosis?

Yes

No
4. Do you have heart disease, lung disease, kidney disease or diabetes?

Yes

No
5. Are you having other symptoms where you feel of ill health or any communicable disease within the last 14 days and II have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.

Yes

No

If the answer was **yes** to one or more of these questions, not only for the sake of your health but for public health, the safety of our staff and players, we may decline your right to participate in any activities of the Essex County Ravens Football Club at this time. We encourage you get tested and/or vaccinated as soon as possible to ensure future participation and protecting your health. Thank you for your understanding at this time.

Sincerely,

Essex County Ravens Football Club

Participant Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_



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*[See Next Page for Completion]*

### **Assumption of Risk and Liability Release Waiver: COVID-19**

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets or other means of passage, the government has set recommendations, guidelines, and some prohibitions which the Essex County Ravens Football Club and its affiliate and subsidiary entities (the "Organization") adheres to comply. The Organization is anticipating a football season that can be anywhere from 6-12 weeks in duration (subject to change).

In consideration of my participation in the Organization's 2021 football season (the "Event") the undersigned acknowledges and agrees to the following:

- I acknowledge participation in the Event involves playing the athletic sport of Football, which requires close contact with individuals to play Football, which includes but is not limited to blocking, tackling, running, and huddling in groups.
- I acknowledge and agree the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Organization's Event and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
- I understand that I may travel, by bus or other transportation in confined space, consistently be confined in a locker room space with other individuals, and participate for the Event in football stadiums across the Province of Ontario. I understand and agree the foregoing pose a risk of exposure and contracting COVID-19 and its related symptoms.
- I voluntarily agree that I have been advised of the risks of participating in the event with the Organization and that it is my choice to choose to participate or not participate in the Event at any time.
- I understand and agree that I do not have to participate in the Event or be a part of the Organization because such participation is during the COVID-19 pandemic, and I do so of my own choosing.
- I am fully and personally responsible for my own safety and actions while and during any time I spend with the Organization, including its facilities, during any commute to and from the facilities or any game or Event, and I recognize that I may be in any case be at risk of contracting COVID.

Following the pronouncements above I hereby declare the following:

I am fully and personally responsible for my own safety and actions while and during any time I spend at the Event, including: (i) participating in the Organization's travel, Football practices, and Football games, (ii) interactions with other people with whom the Organization has no control, and (iii) I recognize that I may be in any case be at risk of contracting COVID-19. With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its directors, owners, shareholders members, officers, independent contractors, affiliates, employees, representatives, successors, and assigns (the "Released Parties") from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any

Participant Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_



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loss, damage, injury, or death, that may be sustained by me related to COVID-19 or related viruses or plagues while participating in the Event while in, on, or around any premises of which I am participating at during any Event or while using the Organization's facilities that may lead to unintentional exposure or harm due to COVID-19. I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to injury, loss, or death from or related to COVID-19. I forever relinquish and waive any right to assert a claim against the Released Parties arising out of or related to the same.

By signing below I acknowledge that I have read the foregoing Assumption of the Risk and Liability Release Waiver and understand: (i) its contents; (ii) that I am at least eighteen (18) years old and fully competent to give my consent, but if I am not 18 years of age, I have the consent of my legal guardian; (iii) that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; and (iv) that I give my voluntary consent in signing this Assumption of the Risk Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This Liability Waiver and Release will remain effective until laws and mandates relevant to COVID-19 are lifted.

### SIGNATURES

Print name: \_\_\_\_\_

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

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### **(Parent's signature required if participant is under 18 years of age)**

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_