

## Casco Bay Hockey Participant Agreement, Release and Acknowledgement of Risk

In consideration of the use of facilities and participation in recreational programming operated by Casco Bay Hockey ("CBHA"), including without limitation, practices, tryouts, and athletic teams, I hereby agree on behalf of myself and my child(ren), as follows:

1. I acknowledge that participation in CBHA Programming at associated facilities entails known and unanticipated risks, which include exposure to novel coronavirus known as COVID-19 and possible physical injury, paralysis, death or damage to myself, to my children, to the children that I am responsible for, to property, or to third parties. I understand that such risks are inherent in the activity and cannot be eliminated without jeopardizing the essential qualities of the activity. I have read the list of some risks associated with CBHA Programming and use of the associated facilities and the known symptoms of COVID-19. I agree to abide by all CBHA policies and procedures regarding COVID-19 and the rules of the Programming and associated facilities and I acknowledge that these may change with little or no advance notice.
2. I further acknowledge that coaches, instructors, facilities monitors and managers cannot pay continuous attention to all participants and cannot be responsible for our health and safety at all times. I will promptly report to the CBHA Program Director or Coach any unsafe or dangerous conditions or situations, and whether I or any member of my household experiences known symptoms of COVID-19, and I will cooperate with them fully to ensure my safety and the safety of others. I also understand that CBHA is not responsible for the weather, terrain, playing surface conditions, wildlife or equipment failure and that they may cause or contribute to an injury or property damage.
3. I agree to release and discharge CBHA from any and all claims or liabilities, including COVID-19 infection or exposure, arising from or connected with my participation or my child's use of any facilities or programming participation, as well as any and all claims or liabilities arising from or connected with our presence within any facilities or participation in CBHA Programming.
4. I am aware of the level of fitness and public health measures that are needed for my intended use of the facilities and participation in CBHA Programming. I certify that I have no medical condition or restriction that prevents me from safely using the facilities or participating in CBHA Programming. I have complied with applicable orders related to the COVID-19 virus including social distancing and quarantine as applicable to me and my household, and I am not nor is any member of my household experiencing any known symptoms of COVID-19. I also certify that my children and the children that I am responsible for have no medical condition or restriction, COVID-19 related or otherwise, that prevents them from safely participating in the Programming or use of the facilities.
5. I hereby give my consent to have my child's temperature taken while participating in the Programming and using the facilities. Information regarding our temperature may be kept with other confidential records and used for contact tracing and for public health purposes related to COVID-19.
6. I understand that this release applies to myself and my children, as well as to each of our heirs, insurers, successors and assigns.

**RISKS MAY INCLUDE:** infectious diseases including COVID- 19, dehydration, muscle strains, muscle sprains, bone breaks, abrasions, cuts, exposure to biting insects and the infectious diseases they may carry, exposure to poisonous plants, turf burn, sunburn, cold-related illnesses, head and neck injuries, hypothermia, frostbite, blisters, respiratory disease, blindness, and death.

**Please answer the following health screening questions about your skater:**

1. Have you or anyone in your household traveled outside of the state within the last 14 days?

- Yes
- No

2. Have you or anyone in your household had close contact with (within 6 feet for 15 or more minutes) or cared for someone diagnosed with COVID-19 within the last 14 days?

- Yes
- No

3. Are you or your skater ill or have you experienced any of the symptoms of COVID-19 (which currently include fever of 100.4 or higher, cough, chills, muscle pain, sore throat, new loss of taste or smell, or shortness of breath or other respiratory problem) within the last 14 days?

- Yes
- No

4. Have you or anyone in your household tested positive for COVID-19 and not fully recovered (defined as 10 days since your first positive test and experiencing no symptoms without the aid of fever suppressants for at least 72 hours OR receiving two negative tests in a row, at least 24 hours apart)?

- Yes
- No

**I have read and understand the above terms and warning, I consent to the participation of my child and children I am responsible for and I agree for myself and my child to be bound by these terms.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\*Please bring any necessary medications (epi-pen, inhaler, etc.) with you.\*\*\***