ITHACA ADULT HOCKEY ASSOCIATION COVID-19 LIABILITY WAIVER AND ASSUMPTION OF RISK

In consideration of being allowed to participate in Ithaca Adult Hockey Association (“IAHA”) activities, the below signed participant agrees as follows:

1. I am aware that COVID-19 is an extremely contagious virus and that it spreads primarily through transmission of exhaled infectious droplets and small airborne particles, especially in enclosed areas.

2. I am familiar with the Center for Disease Control and Prevention (“CDC”) information and recommendations regarding COVID-19, which are located at https://www.cdc.gov/coronavirus/2019-ncov/index.html. I acknowledge and understand that the circumstances regarding COVID-19 are changing frequently, and that the CDC recommendations are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates, and making informed choices to take precautionary measures to protect myself and others.

3. When participating in IAHA activities, I agree to follow Center of Disease Control (“CDC”), State, and County guidelines, ice arena guidelines, and IAHA policies and procedures for social distancing and health and safety to reduce the spread of COVID-19. I understand this may require me to wear a mask at some or all times and to maintain as much distance as possible between myself, fellow participants, and referees. This will require me to follow all of the guidelines set forth by the IAHA, as they may be modified from time to time.

4. I agree not to participate in IAHA activities if I have tested positive for COVID-19 or have COVID-19 symptoms, until I have completed the isolation and masking precautions described by the CDC at https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html, or the current CDC recommendations at the time of my illness. If I test positive for COVID-19 during the season, I agree to notify the IAHA in the manner and for the purposes described in IAHA League Rule 0. I understand that if the IAHA chooses to notify other participants of a potential exposure, they will identify my team, but they will not personally identify me unless I have given permission to do so.

5. By signing this agreement, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk I may be exposed to or infected by COVID-19 at IAHA activities, 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 actions, omissions, or negligence of myself and others.

6. I agree that, in the event that I suspect I became exposed to or infected by COVID-19 at an IAHA activity, and I elect to seek testing and/or treatment as a result therefrom, I will be responsible for payment of any and all medical services and testing services.

7. I voluntarily choose to assume all of the foregoing risks and accept sole responsibility for any injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with my participation in IAHA activities. I hereby release and hold harmless the IAHA, their agents, directors, officers and representatives, and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense (including but not limited to attorney’s fees and disbursements) for injury, illness, permanent disability, or death related to COVID-19 arising
from or in connection with my participation, EVEN IF ARISING FROM THE NEGLIGENCE, ACTS, OR OMISSIONS OF THE RELEASED PARTIES.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY MY SIGNING I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I agree to comply with the written instructions and statements above. Failure to comply with these written instructions, or verbal instructions from league officials or rink staff, may result in my being asked to leave the premises, and that my privilege of participating in the IAHA may be revoked.