

**INFORMED CONSENT WAIVER/ASSUMPTION OF RISK FOR COVID-19 EXPOSURE**

In consideration of being allowed to participate in Shelton Youth Lacrosse and related events and activities, as a player, coach, official or other person permitted by SYL within the field of play (a "Participant"), the undersigned acknowledges, appreciates, and agrees that:

1. Participation in lacrosse and all related activities, including, but not limited to, games, practices, team meetings, and skill and conditioning training sessions, includes possible exposure to and illness from infectious diseases including but not limited to, COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist, especially if the participant suffers from certain pre-existing conditions such as moderate-severe asthma, obesity, or diabetes. (This list of pre-existing conditions is illustrative, but not exhaustive). More information regarding pre-existing conditions that may increase vulnerability to COVID-19 can be found at the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>. Participants with, or who suspect that they may have, a pre-existing condition should consult with a physician before participating in any SYL Programs; and
2. In light of and with full awareness of the aforementioned considerations, I KNOWINGLY AND FREELY ASSUME ALL SUCH COVID-19 RISKS, both known and unknown as a result of my participation in the SYL Program, understand that participation in the SYL Program and expressly assume full responsibility for my participation; and,
3. I agree to comply with the SYL Program protocols regarding COVID-19 safety and mitigation. I agree to self-report any symptoms and any potential or confirmed exposure of COVID-19 to my coach and to a SYL Program officer immediately upon discovery of such symptoms or exposure; and,
4. I shall not come to practice or a game if I feel sick. I certify that neither I nor my child/ward has exhibited the following symptoms including, but not limited to: fever, cough, shortness of breath, sore throat, and/or loss of energy / fatigue.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the SYL Program and their respective board members, all SYL Program affiliated directors, coaches, volunteers, officials, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS INFORMED CONSENT WAIVER AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND RECOGNIZE THE INHERENT RISK OF COVID-19 INFECTION OR EXPOSURE AS A RESULT OF PARTICIPATION IN THE SYL PROGRAM.

Name of Participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian of [print name]

\_\_\_\_\_, with legal responsibility for the same, have read and

explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases such as COVID-19. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_