



Given the COVID-19 environment, **Holy Family Catholic High School** is requiring all student/athletes to adhere to the following safety guidelines and provide the below information in order to reduce the risk or spread of infection.

**Parent(s) or guardians must acknowledge the following statements to participate in training or summer camps at Holy Family Catholic High School.**

*Please initial next to each statement.*

I am providing the following information on behalf of \_\_\_\_\_ (student/athlete name)

\_\_\_\_ My student/athlete has not had contact with anyone confirmed with COVID-19 in the past 14 days. At any point in the future, if I have reason to believe my student/athlete has come in to contact with someone with COVID-19, I agree to immediately notify **Holy Family Catholic High School**.

\_\_\_\_ My student/athlete is not currently experiencing a *fever over 100 degrees, difficulty breathing, sore throat, or cough*. At any point in the future, if my student/athlete has any of these symptoms, I will notify **Holy Family Catholic High School staff** immediately. I agree to not allow my student/athlete to participate in any **training or summer camp sessions** with these symptoms, and wait at least seven (**7**) days after symptoms have subsided to return to training or provide **HF** with a COVID-19 negative test.

\_\_\_\_ My student/athlete has not had any of the following symptoms in the last 14 days: *fever greater than 100 degrees, difficulty breathing, sore throat or cough*.

If your student/athlete has any of the following underlying health conditions or your student/athlete lives with someone with these conditions, you should continue **in a virtual program**:

- Chronic heart disease
- Chronic lung disease
- Chronic kidney disease
- Moderate to severe asthma
- Obesity
- Diabetes
- Reside with a family member with high risk underlying conditions
- Other underlying conditions

I have read the information and answered the questions above to the best of my ability. I agree to continue to adhere to the above safety guidelines as long as **I and my student/athletic** participates in the **Holy Family Catholic High School's training or summer camp**.

#### **Assumption of Risk and Waiver of Liability Relating to COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is **extremely contagious** and is believed to spread mainly from person-to-person contact. However, there remain many unknowns about COVID-19, how it spreads, and its impact on student/athletes.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending **Holy Family Catholic High School training or summer camp** sessions and activities and that such exposure or infection may result in severe illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 **at Holy Family Catholic High School**

**training or summer camp** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **HF** employees, contractors, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at **Holy Family Catholic High School** or participation in **Holy Family Catholic High School training or summer camp** programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless **Holy Family Catholic High School**, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of **Holy Family Catholic High School**, its employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any **Holy Family Catholic High School training or summer camp**.

*Please fill out this form separately for each athlete you have participating in our training or summer camp programs.*

\_\_\_\_\_ (your legal name)

\_\_\_\_\_ (email address)

\_\_\_\_\_ (signature)