Eagles Youth Football & Cheer: Covid-19 Waiver form

PARTICIPANT INFORMATION	
Name: Association Name: Team:	
Have you been in close contact to a person who is lab—confirmed to have COVID-19 in the past 14 days?	
Yes No	
If yes, what was the date of the last known close contact?	
COVID-19 DISCLOSURE, ACKNOWLEDGMENT & WAIVER	
Are you exhibiting any of the following new or worsening symptoms of possible COVID-19?	
Cough	
Shortness of breath or difficulty breathing	
Chills	
Repeated shaking with chills Muscle Pain	
Headache	
Sore throat	
Loss of taste or smell	
Diarrhea	
Feeling Feverish or a measured temperature greater than or equal to 100 degrees Fahrenheit	
Known close contact with a person who is lab confirmed to have COVID-19	
Currently living with someone experiencing symptoms of COVID-19	
None of the above/No Symptoms	
Temperature certification:	
I certify that I took my temperature before arriving at the field today and it was less than 100°	F
Duty to Inform:	
I will inform you if I knowingly come in contact with someone who tested positive within 14 days prior.	
I will inform you and not attend Pop Warner activities for 14 days if I develop any of the above sympton	ns.
If I test positive for COVID-19, I will not return to Pop Warner activity without medical clearance.	
COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely	
believed to spread from person-to-person contact. Federal, state, and local governments and health agencies re	commend social
distancing and have, in many areas, prohibited group activities.	
Eagles Youth F&C is taking steps to reduce the spread of COVID-19; however, Eagles Youth F&C cannot guarantee tha	t vou or vour
child(ren) will not become infected with COVID-19. Further, attending Eagles Youth F&C activity could increase the	
COVID-19.	The control of the co
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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk t	
and I may be exposed to or infected by COVID-19 by attending Eagles Youth F&Cactivity and that such exposure or in in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or	
19 may result from the act, omission, or negligence of myself and others, including, but not limited to, EYF&C V	
other participants and their families.	ordinace, s, dire
I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to my child(ren) of	or myself (including
but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any	
child(ren) may incur by reason of EYF&C activity ("Claims"). On my behalf, and on behalf of my children, I here	Control of the Contro
covenant not to sue Eagles Youth F&C , volunteers, and representatives, of and from the Claims.	