

LIONVILLE YOUTH ASSOCIATION (“LYA”) – COVID-19 PARTICIPANT WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. LYA has put in place preventative measures to reduce the spread of COVID-19; however, LYA cannot guarantee that you or your child(ren) will not become infected with COVID-19. COVID-19 is an extremely contagious virus and is believed to spread mainly from person-to-person contact. Local, state and Federal government and health agencies recommend social distancing as well as limiting the size of people allowed to congregate. Further, attending LYA practices and games could increase your risk and your child(ren)’s risk of contracting COVID-19.

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 LYA practices, games and tournaments 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 COVID19 at LYA events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LYA employees, volunteers, and program participants and their families.

I understand that myself and my child(ren) must be free from COVID-19 symptoms for my child to participate and, should symptoms develop while in the care of LYA, my child will be separated from the rest of the people at any LYA practices or games. I will be contacted and my child must be picked up within one hour of my being notified. If I should develop symptoms while in attendance, I will leave the LYA premises immediately. I further voluntarily agree that LYA may monitor myself and my child(ren) for symptoms of COVID-19 (including, but not limited to, fever of 100.4 degrees Fahrenheit or higher, shortness of breath, chills, dry cough, sore throat and muscle aches). I will immediately notify LYA if I become aware of any person with whom my child or I have had contact exhibits any symptoms of COVID19, is advised to self-isolate, quarantine, or has tested positive for COVID-19. I agree LYA has the right to notify any players/families/volunteers who may have been exposed should myself or my child(ren) require self-isolation, quarantine or test positive for COVID-19. LYA may require a written clearance from a medical professional before myself or my child(ren) can return to participation in any programs.

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 OR MY CHILD(REN)’S ATTENDANCE AT LYA PRACTICES OR GAMES (“CLAIMS”). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS LYA, ITS EMPLOYEES, VOLUNTEERS, AGENTS, REPRESENTATIVES, AND UWCHLAN TOWNSHIP 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 LYA, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY LYA PROGRAM.

Name of Participant: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____