



Pop Warner Little Scholars, Inc.  
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[www.popwarner.com](http://www.popwarner.com)



**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

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 symptoms.  
 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 contagious and is believed to spread from person-to-person contact. Federal, state, and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities.

Pop Warner is taking steps to reduce the spread of COVID-19; however, Pop Warner cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Pop Warner activity could increase the 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 Pop Warner activity 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 act, omission, or negligence of myself and others, including, but not limited to, Pop Warner volunteers, and other participants and their families.

I voluntarily agree to assume 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 incur by reason of Pop Warner activity (“Claims”). On my behalf, and on behalf of my children, I hereby release and covenant not to sue Pop Warner, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the Claims.

**SIGNATURES**

Participant Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_