

Newport News Public Schools Athletics Department

Assumption of the Risk and Waiver of Liability Relations to Coronavirus/COVID-19

Name of Athlete: _____ Date of Birth: _____

Grade: _____ Phone: _____ Email: _____

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. The following are signs and symptoms or risk factors for contracting COVID-19:

Signs and Symptoms:

1. Fever ($\geq 100.4F$)
2. Cough
3. Shortness of breath
4. Gasping for air
5. Cannot talk without catching breath
6. Persistent pain or pressure in chest
7. Confused or inability to arouse
8. Bluish lips or face
9. Sore throat
10. Nausea or vomiting
11. Diarrhea

Risk Factors:

1. Chronic lung disease
2. Moderate to severe asthma
3. Serious heart conditions
4. Immunocompromised
5. Bone marrow/organ transplantation
6. Immune deficiencies
7. Prolonged use of corticosteroids/immune weakening medications
8. Severe Obesity
9. Diabetes
10. Chronic Kidney Disease

Anyone currently experiencing signs or symptoms of COVID-19, or fall under any risk factor considerations, should consult a doctor for approval of participation in athletics prior to signing the Assumption of the Risk and Waiver of Liability form.

Federal, state, and local governments and federal and state agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Newport News Public Schools has put into place preventative measures to reduce the spread of COVID-19, however, the organization cannot guarantee that your child(ren) or you will not become infected with COVID-19. Further, participating in athletics could increase your child(ren)'s risk and your risk of contracting COVID-19, and sports may vary for increasing risks of infections based on level of close contact required.

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 or infected by COVID-19 by participation in the following sport(s): _____ 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 while participating in athletics may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Newport News Public Schools employees, 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 participation within Newport News Public Schools athletics. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Newport News Public Schools, its employees, agents, and representatives, of and from 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 Newport News Public Schools, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Newport News Public Schools athletics program, as well as consent for those peoples selected by Newport News Public Schools to screen my child for the presence of COVID-19.

Student-Athlete Signature

Date

Parent/Guardian Signature

Date