



Student Athlete Assumption of Risk and Waiver with COVID Supplement

Student Name _____
Grade _____ School _____
Parent/Guardian _____
Contact Phone _____
Contact Email _____

On behalf of my child, I (parent/guardian) hereby acknowledge and agree that activities such as those listed above have inherent risks such as minor physical/emotional injuries like cuts, bruises, sprains; to serious physical injuries like breaks, dislocations, serious wounds, cardiovascular issues, traumatic brain injury and possibly even a risk of death. *Additionally, I acknowledge that COVID risks may also be present through participation in this activity.* I have sufficient knowledge of the nature and extent of the risks associated with these activities and the use of facilities and equipment associated with these activities. If I had any questions or concerns regarding possible risks, I have addressed them with the activity/program or sponsor.

I further acknowledge that the risks communicated by the activity/program sponsor may not be inclusive of all the possible risks associated with the Gator Basketball Program and that the activity/program facilitator(s) may not have anticipated all of the risks associated with the above activities.

I accept the fact that the program facilitator(s) cannot guarantee my child's total safety since some risks in such activities are beyond their control. I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as outlined in information communicated to me by the facilitator(s).

I understand that if I experience an injury/illness, including a concussion, then it is my responsibility to inform the activity/program sponsor immediately. I hereby give my consent to have my child seen by emergency medical personnel, a physician, or a nurse and treated if necessary in case of sudden illness or injury while participating in the above activity. It is understood that Gator Basketball Program provides no medical insurance for such treatment and that the cost thereof will be at my expense.

_____(initials child) _____ (initials guardian) I and my child agree to follow all instructions and guidelines given by the facilitators, and to act in a safe and responsible manner toward all participants, *including those set forth in attachment A to this document, COVID Supplement.*

I (parent/guardian), _____, hereby waive, release, and discharge the Gator Basketball Program and their/its successors, heirs, assigns, directors, officers, employees, coaches, supervisors, agents, attorneys and representatives, from any and all actions, causes of action, claims, demands, losses, damages, costs, attorneys' fees, judgments, liens or liabilities whatsoever, regarding the aforementioned activity in which I and my child have elected to voluntarily participate.

Dated this day of _____ Student Athlete's Signature _____

Dated this day of _____ Parent's Signature _____

Attachment A, COVID Supplement

Athletes commit to:

- **_STAY HOME IF YOU FEEL SICK OR IF YOU ARE EXPERIENCING COVID-19 RELATED SYMPTOMS.**
- **_Stay at least 6 feet (about 2 arms' length) from other people.**
- **_Wash hands and/or use hand sanitizer frequently.**
- **_May wear cloth or disposable face masks as required (indoors) or recommended (outdoors); an athlete choosing to wear a mask will not be discouraged from doing so.**
- **_Do not touch face, eyes, nose, mouth with hands. Sneeze into your elbow.**
- **_Athletes are encouraged to bring sport-specific gloves and equipment; these are not to be shared with others.**
- **_Do not gather in groups. Stay out of crowded places and avoid mass gathering.**
- **_Launder workout clothes after each workout.**
- **_Wait in their cars with guardians until just before the beginning of a practice, warm-up, or game, instead of forming a group.**
- **_Do not engage in unnecessary physical contact, such as high fives, handshakes, fist bumps, or hugs.**
- **_Plan on bringing enough water to get through the workout. Common water sources will not be available.**
- **_Limit the use of carpools or van pools. When riding in an automobile to a sports event, it is preferred that players to ride to the sports event with persons living in their same household.**
- **_ No gathering after workouts will be allowed.**

Parents commit to:

- **_Notify the coach if the athlete or another member of the family is experiencing COVID-19 symptoms or is determined to test positive or be presumed positive for COVID-19.**
- **_Athletes are to wait in their cars with guardians until just before the beginning of a practice, warm-up, or game, instead of forming a group.**
- **_Limit the use of carpools or van pools. When riding in an automobile to a sports event, it is preferred that players to ride to the sports event with persons living in their same household.**
- **_No spectators will be allowed - Parents or transportation providers will remain in their cars at all times. (Athletics, 2020) (Control, 2020)**

References

Athletics, J. P. (2020, 6). *Return to Workout Plan, Jeffco Athletics*. Retrieved from Jeffco Athletics.

Control, U. C. (2020, 5 29). *Considerations for Youth Sports*. Retrieved from CDC Coronavirus Disease 2019

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>