



OHIO EAGLES PARENTAL WAIVER, CONSENT, AND RELEASE FORM IN REGARD TO CORONAVIRUS

DAILY SELF-SYMPTOM CHECK

- Players and coaches must conduct daily symptom assessments. Symptom checks are to be done at home before arriving to facility for practices, games, and scrimmages. A log should be kept of daily assessments in the event of a future positive Covid-19 test.
- Anyone experiencing symptoms of fever (>100.4), cough, sore throat, or shortness of breath must stay home.
- If your player is experiencing any of these symptoms during practice, they will be asked to sit out for the remainder of said practice.

ATHLETE PARTICIPATION

- A no-touch rule is in effect. All individuals must avoid physical contact AS MUCH AS POSSIBLE with others including high fives, fist bumps, huddles, or other close contact occurring before, during, and after practice sessions unless the contact is for safety.
- Athletes should bring their own water/beverage bottles. They should not be shared. The use of facility coolers, water fountains, and water stations will not be permitted. We do however offer our facility refrigerator to store extra drinks. Please mark each players name on their drinks.
- Athlete will be required to wash their hands and/or use hand sanitizer as well as practicing good hygiene skills.
- When Hardin County (or players home county and/or traveling to county), per the Public Health Alerting System levels, in the Level 3 (red and red watch) or Level 4 (purple), my child will be permitted to miss practices and games without consequence.

POSSIBLE/CONFIRMED CASES

- If for any reason I suspect my child has coronavirus, I agree to keep them at home.
- If my child is tested for coronavirus and has a positive test, I agree to keep them at home.
- I will immediately notify coaches and/or the athletic director if such occurs for the recommended quarantine time of 14 days and/or till a time all symptoms have dissolved.

The undersigned, in my capacity as parent and/or legal guardian of _____, hereby provides consent for my child to participate in extracurricular activities such as volleyball and basketball. I understand participation in these events/activities is inherently dangerous and illness (including communicable diseases such as Coronavirus) are possible.

I agree that my child and myself will comply with the stated and customary terms and conditions for participation in regard to protection against infectious disease both to my child and to others. If I observe any unusual or significant hazard during my child's participation, I will remove my child from participation and bring such to the immediate attention of the coach. If I have reason to believe that my child may have become infectious, I will remove my child from participation until said risk has passed.

I agree to waive claims against the Ohio Eagles Athletic Association, their coaches, their Athletic Director, the Board of Directors, and the facility owner for all liability for illness sustained by my child or any other person because of my child's participation in volleyball and/or basketball, whether caused by the negligence of the Ohio Eagles or otherwise, and agree to hold harmless and indemnify the Ohio Eagles Athletic Association, their coaches, their Athletic Director, the Board of Directors, and the facility owner from said liability.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Athlete Name (Print)

Date