



COVID-19 DISCLOSURE,ACKNOWLEDGMENT& WAIVER

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?

Are you exhibiting any of the following new or worsening symptoms of possible COVID-19?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Repeated shaking with chills | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Loss of taste or smell | |
| <input type="checkbox"/> Feeling Feverish or a measured temperature greater than or equal to 100 degrees Fahrenheit | |
| <input type="checkbox"/> Known close contact with a person who is lab confirmed to have COVID-19 | |
| <input type="checkbox"/> Currently living with someone experiencing symptoms of COVID-19 | |
| <input type="checkbox"/> None of the above/No Symptoms | Temperature certification |

I will notify the Head Coach and ESYFL Inc, if the participant/volunteer knowingly come in contact with someone who tested positive within 14 days prior. I will inform the Head Coach and ESYFL Inc immediately if the participant/volunteer develop any of the above symptoms. If the participant/volunteer test positive for COVID-19, I will not return to an ESYFL Inc activity without medical clearance. 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 groupactivities. ESYFL INC is taking steps to reduce the spread of COVID-19; however, ESYFL Inc cannot guarantee that its participants/volunteers will not become infected with COVID-19. Further, attending ESYFL Inc 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)/participants/volunteers and I may be exposed to or infected by COVID-19by attending ESYFL Inc 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, ESYFL Inc, 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 ESYFL Inc activity ("Claims"). On my behalf, and on behalf of my children, I hereby release and covenant not to sue ESYFL Inc, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the claims.

PARENTS NAME

PARENTS SIGNATURE
