



Westerville Winterguard PE COVID-19 & Variants Liability Waiver

All participants in the Westerville Winterguard have an important role to play in keeping other members within the program, their opponents, and their community safe by doing their part to stop the spread of COVID-19. I know that I must take steps to stay well in order to protect others and promote a safety. Because of this challenge, I pledge to take responsibility for my own health and help stop the spread of the COVID-19 & variants. The Westerville Winterguard's highest priority is the safety of all members, volunteers, staff, and spectators. I know that by engaging in activities, including attending classes, pursuing my education, eating in public places, work environments, participating in sports and recreation, I may be exposed to COVID-19 and other infections. I also understand that despite all reasonable efforts by my program, I can still contract COVID-19 and other infections. In order to reduce my risk, I agree to be an active participant in maintaining my own health, wellbeing and safety, as well as the safety of others, by following all the guidelines and expectations outlined by this program and the state. As more information is gathered and known, I understand that the state and the program may modify these guidelines and expectations. It is my responsibility to make every effort to keep myself apprised of these changes to protect myself and my community.

It is my pledge to protect myself, my peers, and my entire community by doing the following:

- I agree to testing for COVID-19 and potential subsequent self-quarantining if I am identified as a contact of anyone who has been determined to be positive for COVID-19.
- If I test positive for COVID-19, I agree to self-quarantine in a location to be determined in consultation with my family, a medical practitioner and/or local health department until:
 - My symptoms have resolved, and
 - It has been at least ten days since the start of my symptoms, and
 - I have a negative COVID-19 test result.
- I agree to timely report any known or potential exposures to COVID-19 to the school administration and athletic training/medical staff.
- Monitor for the following symptoms:
 - A fever of 100.4°F or higher
 - Respiratory symptoms, such as dry cough or shortness of breath
 - Sore throat
 - Headache
 - Body aches
 - Chills
 - Loss of taste or smell
- If I develop the above symptoms, I agree to contact my athletic trainer or another medical practitioner, and to follow the medical staff's instructions which may include being tested for COVID-19 and self-quarantining while the test results are pending, and/or being evaluated by the athletic training staff.
 - Stay at home if I am feeling sick.
 - In general, the CDC recommends getting a flu vaccination (according to the CDC immunization schedule for adolescents & adults)
 - Participate fully and honestly with the administrative and/or athletic training staff for contact tracing to determine whom I might have potentially exposed to COVID-19.
 - Wear a mask or the appropriate PPE in all public spaces.
 - Practice physical distancing as much as possible.
 - Frequently wash and/or sanitize my hands.
 - Keep my personal space, shared common space, and my belongings clean.

I understand COVID-19 (& it's variants) is a highly contagious virus, and it is possible to develop and contract the COVID-19 disease, even if I follow all the safety precautions above and those recommended by the CDC, local health department, and others. I understand that although my program is following the coronavirus guidelines issued by the CDC and other experts to reduce the spread of infection, I can never be completely shielded from all risk of illness caused by COVID-19 or other infections. I have read, understand, and agree to comply with this pledge above. I also acknowledge that these expectations and pledge are a condition of my participation in this program and that any failure to comply with this pledge above may lead to immediate removal of participation privileges and/or the inability to use facilities.

Participant Print Name

Participant Signature

Date

Parent Signature (If Under 18)

Date