Due to global outbreak of COVID-19, PACK732 WRESTLING is taking extra precautions in safety due to the virus. It shall be known that PACK732 WRESTLING is not forcing anyone to be at the facility and attend any activity against one’s will. If attending, you acknowledging that you are here purely on your own voluntary decision. Due to the global COVID-19 Pandemic we are asking if you have experienced any symptoms, traveled outside the country or to a city considered to be a “hot spot”, been exposed to COVID-19 yourself or any family or household member been exposed, that you stay home and follow the CDC recommendations.

**COVID-19 symptoms:**

1. Fever 2. Dry Cough 3. Fatigue 4. Difficulty Breathing

Other possible symptoms included:

1. Chills 2. New loss of taste or smell 3. Sore Throat 4. Headache/ Muscle Ache

Please sign below acknowledging that you are in fact here and participating on your own decision. Yourself is assuming all risks associated with COVID-19 and acknowledges the fact that PACK732 Wrestling, it owners, managers, coaches, sponsors and any other affiliates can not and will not be held responsible for any liability during the global pandemic.

**Wrestling Family memebers-**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**

**(Must be completed for participants under age of 18)**

**Parent/Gaurdian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**