



COVID-19 WAIVER

- Do you have any flu like symptoms such as fever, chills, cough or shortness of breath? Yes / No
- Do you have a significant chronic illness? Yes / No
 - If yes, please specify _____.
- Do you have a compromised immune system? Yes / No
- Have you traveled out of the country in the last month? Yes / No
- Have you had close contact to an individual diagnosed with COVID-19? Yes / No
- Have you recently been tested for COVID-19? Yes / No
 - If yes, did you test positive for COVID-19? Yes / No

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Carolina Stars (CSGA) has put in place preventative measures to reduce the spread of COVID-19; however, no matter what precautions that are taken, CSGA cannot guarantee that you or your child(ren) will not become exposed or infected with COVID-19 by attending classes/camp and/or entering the gym premises, and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at CSGA may result from the actions, omissions or negligence of myself and others, including, but not limited to, CSGA staff, volunteers and program participants and their families. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless CSGA, its employees, agents and representatives, of and from CSGA, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or related to COVID-19. I understand and agree that this release includes any claims based on actions, omissions, of CSGA, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after participation in any CSGA program.

Student's Name _____

Parent's Name _____

Parent's Signature _____

Date _____