

COVID-19 Assumption of Risk and Consent Form

The undersigned Participant or legal guardian of the Participant understands that there is a global pandemic of novel coronavirus disease 2019 (“COVID-19”) and that COVID-19 is present in the local community.

The undersigned further understands that COVID-19 is a highly infectious respiratory virus that can cause serious illness and death.

The undersigned hereby acknowledges that there is an inherent risk of exposure to COVID-19 in any public place where people are present, and such risk is impossible to fully eliminate.

The undersigned hereby acknowledges his or her responsibility to help mitigate community spread of COVID-19 and other infectious respiratory diseases, including but not limited to influenza, measles, tuberculosis, and Severe Acute Respiratory Syndrome (“SARS”).

In consideration for the Participant using facilities, property, or equipment owned or controlled by the Town of West Hartford or the West Hartford Board of Education (collectively the “Town”), the undersigned hereby agrees to the following:

1. The Participant assumes all risks related to exposure to COVID-19.
2. The Participant shall not sue or hold the Town or the Town’s employees, volunteers, elected officials, officers, agents, insurers, or representatives liable for any injury or illness.
3. The Participant agrees to comply with all public health guidance and directives issued by local, state, or federal officials, including but not limited to guidance issued by the U.S. Centers for Disease Control, executive orders issued by the Governor of the State of Connecticut, and rules established by the Town.
4. In the event the Participant fails to comply with any of the terms of this agreement, the Town shall have the sole discretion to bar the Participant from entry onto any property or facility that is owned or controlled by the Town.

The Participant further agrees that he or she **SHALL NOT** enter any property or facility that is owned or controlled by the Town if:

1. The Participant has been diagnosed with COVID-19 or any other infectious respiratory disease, until such time that a physician determines the Participant is no longer at risk of spreading such disease to others.
2. In the previous fourteen (14) days, the Participant has experienced any symptom of COVID-19 or any other infectious respiratory disease. Such symptoms include but are not limited to fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, or diarrhea.
3. In the previous fourteen (14) days, the Participant has come into close contact with a person who is known to be infected with, or is suspected to be infected with, COVID-19 or any other infectious respiratory disease.
4. In the previous fourteen (14) days, a member of the Participant's household has been infected with, or is suspected to have been infected with, COVID-19 or any other infectious respiratory disease.

Participant name
(Please print)

Participant signature
(If 18 years of age or older)

Legal guardian signature
(If Participant is 17 years of age or younger)

Legal guardian name
(Please print)

DATE