



## Sports Participation Waiver (COVID-19)

COVID-19 is an infectious disease caused by a newly discovered coronavirus and has been declared a worldwide pandemic by the Centers for Disease Control and the World Health Organization. This virus is extremely contagious and is believed to spread mainly from person-to-person contact.

We appreciate your desire and willingness to participate in athletic activities at Delaware County Christian School. There are a number of guidelines and safety measures in place to mitigate the spread of COVID-19 and to create as safe an environment as possible for our athletes, coaches, staff, volunteers and other participants. Despite this, we cannot completely eliminate all risk and guarantee that no one will become infected with COVID-19.

It is the policy of Delaware County Christian School (DCCS) to require a signed liability release before allowing athletes to participate in athletics. The undersigned fully understands that athletic activities involve inherent risks to individuals who participate. In consideration of DCCS's agreement to allow individuals to participate in an activity/ program /event, I agree to the following:

- 1) Adherence to Protocols. As a student-athlete at Delaware County Christian School, I / my child agrees to follow all COVID-19 safety protocols established by the school and the local health department.
- 2) Acknowledgment of risk. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected with COVID-19 by participating in athletics and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
- 3) Personal monitoring of symptoms. As a participant in athletics at Delaware County Christian School, I agree to take reasonable action in monitoring my / my child's health and symptoms to ensure that during the time(s) of sport training, I / my child is not infected with and will not pass on COVID-19 to others. Symptoms include fever, cough, chills, shaking, muscle pain, sore throat, headache, loss of taste/smell, and shortness of breath. I also agree to inform the DC Athletic Department, my coaches and health

representatives at DCCS should symptoms arise and / or should I / my child become infected with COVID-19.

- 4) Release and Indemnification. I / We agree to release, indemnify and hold harmless DCCS, for itself, officers, Board Members, administrators, employees, agents, sureties, assigns, successors, insurers and indemnities from any and all sums of money, accounts, suits, proceedings, claims, cause of action, rights, damages, attorney's fees, costs and demands of any nature whatsoever, whether real or contingent, known or unknown, direct or indirect, liquidated or otherwise, relating to COVID-19 as a result of me / my child's participation in athletic activities sponsored or sanctioned by DCCS.

The undersigned acknowledges that he/she is of adult age, has read the Liability Release Agreement, understands its content and agrees to its terms.

Date: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Student-Athlete Signature

Date: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Parent Signature