



**Acton-Agua Dulce Unified School District
Student-Athlete COVID-19 Pre-Participation Waiver**

Name: _____
Last **First** **Middle**

School ID#: _____ Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Cell Phone: _____ E-mail: _____

Gender: Male Female Sport(s): _____

Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.

Are you currently free from illness? Yes No **Current Temperature:** _____ °F

During your time away from school, did you experience, or are you currently experiencing any of the following:

SYMPTOM	YES	NO	LENGTH OF SYMPTOM	EXPLANATION
Fever				
Body Chills				
Extreme Level of Fatigue				
Cough				
Pain / Difficulty Breathing				
Shortness of Breath				
Sore Throat				
Body / Muscle Aches				
Loss of Taste				
Loss of Smell				
Changes to Vision / Eye Discharge				
Diarrhea				
Unexplained headache				

QUESTION	YES	NO
2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?		
Have you been around anyone who has been sick?		

Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		
Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?		
During your time away from school, did you self-quarantine due to suspected symptoms or exposure of COVID-19?		
During your time away from school have you been living in, or have visited an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		

Have you previously been or are you currently diagnosed with COVID-19?

YES NO

DATE OF DIAGNOSIS: ____/____/____

Do you have medical documentation to support your diagnosis and treatment of COVID-19?

YES NO

PHYSICIAN NAME: _____

PHYSICIAN LOCATION: _____

Please list any countries/states/cities you have traveled to since March 15th, 2020 and the dates you were there:

1. _____ Dates: _____
2. _____ Dates: _____
3. _____ Dates: _____
4. _____ Dates: _____

ASSUMPTION OF RISK

I understand that those participating in high school athletics, summer camps, and/or conditioning activities are at a higher risk of exposure to the COVID-19 virus. In order to participate in high school athletics, summer camps, and conditioning activities, student-athletes and their parents are required to read and sign the following assumption of risk and waiver.

1. **I understand that COVID-19 is extremely contagious and has been declared a worldwide pandemic by the World Health Organization.**
2. **I understand that by participating in sports/conditioning activities and utilizing the facilities associated with them, I may knowingly or unknowingly transmit the virus to my family, friends, and/or others I may come into contact with. This may include young children, elderly persons, and/or those with pre-existing conditions that place them at higher risk for the virus.**
3. **I understand that there is an increased risk of exposure to the virus by participating in competitive events with other schools, both in and out of conference. The risk of exposure also exists during travel to and from any and all away games.**
4. **I understand that while every attempt is made to minimize chances of exposure there are no guarantees that can be made.**

To do my part to limit the exposure to and/or transmission of COVID-19, to myself and those around me, I agree to follow the recommendations of the CDC which include:

- **Proper general hygiene**
- **Proper handwashing techniques**
- **Use of hand sanitizer when handwashing is unavailable**
- **Proper use of personal protective equipment (gloves, masks, and/or eye protection)**
- **Not sharing any personal items (towels, soap, brushes, clothes, water bottles, food, lip balm, etc.).**

The parent/guardian(s) and student-athlete voluntarily agree to assume all risks and accept sole responsibility for any injury to myself. I hereby release, covenant no to sue, discharge, and hold harmless The Acton-Agua Dulce Unified School District, their officers, officials, agents, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers ("Releasees"), with respect to any and all injury, illness, disability, loss or damage to person or property, expenses, and/or death; arising out of or relating to COVID-19. I understand this release includes any claims based on the actions, omissions, or negligence of the Releasees, and whether a COVID-19 infection occurs before, during or after my participation.

ACKNOWLEDGEMENT

In the interest of health and public safety during the COVID-19 pandemic, I acknowledge that I have truthfully and accurately disclosed the above information regarding my health status, including any symptoms and exposure to COVID-19 in order for The Acton-Agua Dulce Unified District to evaluate before allowing my return to campus. I further acknowledge that, if additional evaluation or assessment is required and requested by my school or The Acton-Agua Dulce Unified School District, I hereby consent and will cooperate.

In addition, if any of the symptoms mentioned above appear after I am allowed to return to campus, I agree to stay at home and to immediately report my change in status to my high school within the Acton-Agua Dulce Unified School District and to complete a new Assessment, Acknowledgment, and Consent form for approval before returning to campus. Parents/Guardians agree to check their student-athlete on a daily basis and ensure that none of these symptoms are exhibited while participating in athletic activities. Should that occur, the parent/guardian will keep the student-athlete home. At all times while on campus, I agree to follow all safety protocols and social distancing guidelines established by my high school and The Acton-Agua Dulce Unified School District, Los Angeles County, and the State of California.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____