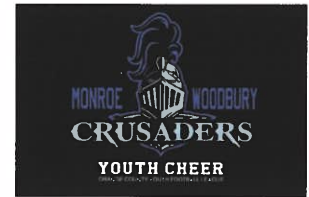


MW Youth Football & Cheer League

MWYFCL
PO Box 287, Monroe, NY 10949
www.monroefootball.com



PARTICIPANT INFORMATION

Name: Association Name: Team:

Have you been in close contact to a person who is lab-confirmed to have COVID-19 in the past 14 days?

Yes No

If yes, what was the date of the last known close contact?

COVID 19 DISCLOSURE, ACKNOWLEDGMENT & WAIVER

Are you exhibiting any of the following new or worsening symptoms of possible COVID-19?

- Cough
Shortness of breath or difficulty breathing
Chills
Repeated shaking with chills
Muscle Pain
Headache
Sore throat
Loss of taste or smell
Diarrhea
Feeling Feverish or a measured temperature greater than or equal to 100 degrees Fahrenheit
Known close contact with a person who is lab confirmed to have COVID-19
Currently living with someone experiencing symptoms of COVID-19
None of the above/No Symptoms

Temperature certification:

I certify that I took my temperature before arriving at the field today and it was less than 100° F

Duty to Inform:

I will inform you if I knowingly come in contact with someone who tested positive within 14 days prior.

I will inform you and not attend MWYFCL activities for 14 days if I develop any of the above symptoms.

If I test positive for COVID-19, I will not return to MWYFCL activity without medical clearance.

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread from person-to-person contact. Federal, state, and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities.

MW Youth Football & Cheer League is taking steps to reduce the spread of COVID-19; however, MWYFCL cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending MWYFCL activity could increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending MWYFCL activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the act, omission, or negligence of myself and others, including, but not limited to, MWYFCL volunteers, and other participants and their families.

I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may incur by reason of MWYFCL activity ("Claims"). On my behalf, and on behalf of my children, I hereby release and covenant not to sue MWYFCL, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the Claims.

Participant Signature: Date: Parent Signature:

Witness: Witness: