



Santa Cruz County Lacrosse Covid Agreement

I, _____, parent/guardian of _____ acknowledge that my child will be participating in the Santa Cruz County Lacrosse return to practice. I am aware of COVID-19 safety protocols and by initialing below acknowledge the following:

_____ I understand the nature of Coronavirus/COVID-19 and that Santa Cruz County public health authorities and the CDC recommend safety protocols for youth sports.

_____ I understand that Santa Cruz County Lacrosse has put in place preventative measures to reduce the spread of coronavirus/COVID-19, including physical distancing, small groups, face coverings/masks, and frequent sanitization.

_____ I acknowledge that my child must comply with all set procedures and protocol while practicing in Santa Cruz County Lacrosse.

By initializing the following, I affirm these statements for every day of practice; I agree to perform and affirm these symptom checks every day prior to bringing my son/daughter to practice. Should you be unable to affirm any of the following, you agree to keep your son/daughter home from practice and inform the coach accordingly.

_____ My son/daughter is not experiencing any symptoms of illness such as cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat or any loss of taste or smell.

_____ My son/daughter has not traveled to a highly impacted area within the United States of America or Internationally in the last 14 days.

_____ To the best of my knowledge, my son/daughter has not been exposed to anyone that has been confirmed to have the coronavirus/COVID-19.

_____ My son/daughter has not been diagnosed with coronavirus/COVID-19.

I hereby release and agree to hold Santa Cruz County Lacrosse Association along with their respective directors, officers, staff,

volunteers, and representatives harmless from, and waive on behalf of myself, my heirs, and personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act on the saloon, or that me otherwise arise in anyway in connection with any service received from Santa Cruz County Lacrosse Association. I understand that this release discharges Santa Cruz County Lacrosse Association from any liability or claim that I, my heirs, or any personal representatives may have against the soccer club with respect to any bodily injury, illness, death, medical treatment, property damage that may arise from or in connection to, any participation in activities received from participating in Santa Cruz County Lacrosse events.

I have carefully read this agreement, discussed expectations with my son/daughter and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Santa Cruz County Lacrosse Association and sign it on my own free will.

Parent's signature Date

Child's signature Date

If you are under 18 years of age, you and your parent or guardian must sign and initial this form where indicated.