

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 & Athletic Camps

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Calhoun Community College has put in place preventative measures to reduce the spread of COVID-19; however, the College **cannot guarantee** that you will not become infected with COVID-19. Further, **attending the College, participating in College athletic camps, lead classes, trainings or labs could increase** your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the College 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 at the College may result from the actions, omissions, or negligence of myself and others, including, but not limited to, College employees, other students, vendors or affiliates and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the College or participation in College activities and athletic camps. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the College, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the College, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any College services. My signature indicates I DO NOT HOLD Calhoun Community College and members of the Calhoun Athletic Department accountable for any accidents or the spread of COVID-19 that may occur as a result of participation in the camp. The participant is physically qualified to attend the camp. I hereby authorize the Camp staff to act for me, according to their best judgement, in any medical emergency.

All participants will have no-touch temperature check onsite.

Temperature: _____

All participants are required to answer the following screening questions prior to participation. Circle your answer.

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| 1. Have you been in close contact with a confirmed case of COVID-19? | YES | NO |
| 2. Are experiencing a cough, shortness of breath or sore throat? | YES | NO |
| 3. Have you had a fever in the last 48 hours? | YES | NO |
| 4. Have you experienced new loss of taste or smell? | YES | NO |
| 5. Have you experienced vomiting or diarrhea in the last 24 hours? | YES | NO |

Signature of Student

Date

Print Name of Student

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian (If Student Under 18)