



# HAVERFORD HAWKS ICE HOCKEY CLUB

ESTABLISHED 1974



## Haverford Hawks Infectious Disease Waiver

In consideration of being allowed to participate in the Haverford Hawks Ice Hockey Club for the 2020-21 ice hockey season the undersigned acknowledges, appreciates, certifies and agrees that:

My participation includes possible exposure to an illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While particular rules, safety precautions and personal discipline may reduce this risk, the risk of serious illness, injury, and death does exist. If I have a pre-existing health condition, exposure to COVID-19, or any other infectious disease may be more likely to cause a serious illness, injury, or death; The Haverford Hawks Ice Hockey Club cannot ensure that all other participants, including players, coaches and volunteers, are taking precautionary measures to mitigate risks to ensure the health and safety of other players, participants, coaches, and volunteers, and therefore, participation in Haverford Hawks Ice Hockey Club involves risk of exposure to infectious disease; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I certify that I have not recently tested positive for, and am not exhibiting symptoms of COVID-19, which include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, muscle or body aches, fever above 100.4 and/or sore throat.

I certify that I have not been in contact with a household family member/roommate who has recently tested positive for or exhibited the above referenced symptoms of COVID-19. If so, I understand that I am required to notify my Head Coach and that I am required to be tested and show negative results before assuming play again. I willingly agree to comply with all recommendations provided by the Haverford Hawks to ensure safe play. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest coach, board member or volunteer, or official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Haverford Hawks Ice Hockey Club and their partners, officers, officials, agents, and/or employees, other participants, volunteers, sponsoring agencies, sponsors, vendors, advertisers, and if applicable, owners and lessors of premises used to conduct the event. ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT AND I/WE NEVERTHELESS DO SO FREELY AND VOLUNTARILY WITHOUT ANY INCIDENT.

### FOR PARTICIPANTS OF MINORITY AGE (UNDER 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to indemnify and hold harmless the Releasee's for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

I agree with the Infectious Disease Waiver Terms and Conditions.

Participant Name (print): \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_