**PARTICIPANT INFORMATION**

FIRST: LAST: MI:

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you exhibiting any of the following symptoms of possible COVID-19?**

\_\_\_\_\_ Cough

\_\_\_\_\_ Shortness of breath or difficulty breathing

\_\_\_\_\_ Chills

\_\_\_\_\_ Repeated shaking with chills

\_\_\_\_\_ Muscle Pain

\_\_\_\_\_ Headaches

\_\_\_\_\_ 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 with 14 days prior.**

**\_\_\_\_\_ I will inform you and not attend JPS activities for 14 days if I develop any of the above symptoms.**

**\_\_\_\_\_ If I test positive for COVID-19, I will not return to JPS activities 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 government and health agencies have recommended social distancing and the wearing of mask.

JPS is taking steps to reduce the spread of COVID-19; however, JPS cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, participating in JPS activities 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 JPS 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, JPS 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 JPS activity (“Claims”). On my behalf, and on behalf of my children, I hereby release and covenant not to sue Jr Prep Sports Hawaii, Jr Preps Sports America, its affiliated organizations, employees, volunteers, agents and representatives, of and from the Claims.

Participant Signature: Date: Parent Signature:

Witness Name: Witness Signature: