



RETURN TO PLAY WAIVER

In consideration of participating in any way with SPANISH FORT SPORTS ASSOCIATION during the COVID-19 pandemic, I, hereby acknowledge for myself and my family members that:

1. The risk to have contact with individuals who have been exposed to and/or have been diagnosed with communicable diseases, including but not limited to COVID-19 does exist, and it is impossible to eliminate the risk that I and my family could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my and my family's participation;
3. I agree to screen myself and my family for COVID-19 symptoms before coming to ANY AND ALL practices or games by asking the following questions. If the answer is YES to ANY of the following questions, we agree to not attend any SFSFA practice or game until symptom free for 72 hours;

Have we been in close contact with a confirmed case of COVID-19?

Are you or someone in your family experiencing a cough, shortness of breath or sore throat?

Have you or someone in your family had a fever in the last 48 hours?

Have you or someone in your family experienced new loss of taste or smell?

Have you or someone in your family experienced vomiting or diarrhea in the last 24 hours?

4. I acknowledge that the option to withdraw from the 2020 spring sports season for a partial refund was made available to all participants by SPANISH FORT SPORTS ASSOCIATION;
5. I willingly agree to comply with the stated conditions for participation. If I observe any unusual significant hazard during our presence or participation, I will remove myself and my family from participation and bring it to the attention of the nearest coach or SFSFA Board Member immediately;

6. I, for myself and on behalf of my family members, hereby release and hold harmless SPANISH FORT SPORTS ASSOCIATION, with respect to any and all injury, illness, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise;

7. In signing this document, I hereby certify that I am authorized to do as on behalf of

_____ and _____.
[Child(ren)'s Name(s)] [Child(ren)'s Family Name]

I have read, understand and agree to comply with the Waiver as outlined above.

Parent/Guardian's Signature

Date