



Excel to Excellence Youth Football
 11357 Nuckols Rd Ste 181
 Glen Allen, Virginia 23059
 609-222-4E2E
 e2efootball@gmail.com



Participant Information

Athlete's Name: _____ **Association Name:** _____ **Age Group:** _____

Have you/or your child(ren) 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 contact? _____

COVID-19 DISCLOSURE, ACKNOWLEDGEMENT & WAIVER

Are you/ or your child(ren), exhibiting any of the following new or worsening symptoms of possible COVID-19?

- _____ Cough
- _____ Shortness of breath or difficulty breathing
- _____ Chills
- _____ Repeated shaking with chills
- _____ Muscle Pain
- _____ Headache
- _____ 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 agree to a temperature check before participating in activities, including but not limited to practice and games. **Initial here** _____

Duty to Inform:

*I will inform you if I/or my child(ren) knowingly come in contact with someone who tested positive within 14 days prior. **Initial here** _____

*I will inform you and not attend E2E activities for 14 days if I/or my child(ren) develop any of the above symptoms. **Initial here** _____

*If I/or my child(ren) test positive for COVID-19, I/nor my child(red) will not return to E2E activity without medical clearance. **Initial here** _____

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 governments and health agencies recommend social distancing and have, in many areas, prohibited group activities.

E2E is taking steps to reduce the spread of COVID-19; however, E2E cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending E2E activity 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 E2E 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 COVID19 may result from the act, omission, or negligence of myself and others, including, but not limited to, E2E 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 E2E activity ("Claims"). On my behalf, and on behalf of my children, I hereby release and covenant not to sue E2E, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the claims.

Signatures

Participants Full Name:	Parents Full Name:	
_____	_____	
(Please Print)	(Please Print)	
Organization Rep's Name and Position	Parent Signature:	Date:
_____	_____	_____