

Hudson Falls Central School District COVID -19 Informed Consent - Sports

Dear Parent/Guardian and Student Athlete,

Governor Cuomo recently announced that effective February 1, 2021, participants in higher-risk sports may participate in individual or distanced group training and organized no/low-contact group training and other types of play, including competitions and tournaments, if permitted by local health authorities. Accordingly, the Hudson Falls Central School District will resume all athletics beginning February 1, 2021. HFCSD is taking reasonable measures to prevent the spread of infection, including tracking/tracing, and following applicable state and local guidance, as well as guidance from the NYSPHSAA. However, the possibility of transmission cannot be eliminated.

- Students and families must be aware of and acknowledge the risks before participating in athletics. By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to the following: (Parent/Guardian and Student Athlete Must Initial and Sign): Participation in athletics is purely voluntary.

Parent Initial: _____ Student-Athlete Initial: _____

- Student Athlete has permission to participate in athletic meetings, practices and competitions as directed by the coaching staff.

Parent Initial: _____ Student-Athlete Initial: _____

- Neither Parent/Guardian nor Student Athlete will attend meetings, practice and/or competitions if any of the following apply: A. Any member of his/her household is exhibiting one symptom(s) of COVID-19: cough, fever, chills, headache, muscle or body aches, nasal congestion or runny nose, sore throat, shortness of breath or difficulty breathing, abdominal pain, nausea, vomiting, diarrhea, loss of taste or loss of smell . Parent/Guardian will check Student Athlete's temperature at home prior to attending meetings, practices, and/or competitions; and Student Athlete will not attend if his/her temperature is equal to 100 deg. or above. B. Any member of his/her household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID test. C. Any member of his/her household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

Parent Initial: _____ Student-Athlete Initial: _____

- If a student-athlete tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19 Parent/Guardian agrees to immediately inform the District Head Nurse, Middle school nurses, or High School nurse and acknowledges that the school district must contact the Washington County Public Health to provide information regarding the confirmed positive test, including Student Athlete's name and contact information. I consent to the Hudson Falls Central School District providing such information to the DOH or any other the administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the Hudson Falls Central school district and / or Washington County Public Health.

Parent Initial: _____ Student-Athlete Initial: _____

OFFICE USE

Student Name _____

Date Recieved _____

Received by _____

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- We are aware that the Student Athlete may be exposed to COVID19 while participating or attending meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious injury, or death.

Parent Initial: _____ Student-Athlete Initial: _____

- We acknowledge Hudson Falls Central School District, the Governor, State Department of Health, or other administrative body with authority over Hudson Falls Central School District may determine to cancel the season at any time. We also acknowledge Hudson Falls Central School District must comply with any mandates issued by any entity with the authority over the district and/or high school athletics, and agree to comply with any such directives even if issued after signature to this agreement.

Parent Initial: _____ Student-Athlete Initial: _____

- Student Athlete and Parent/Guardian are aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for social distancing when feasible. We agree to comply with the direction provided by the coaching staff and acknowledge that the failure to do so may result in the Student Athlete being refused participation at practice, competitions, and/or the entire sport season.

Parent Initial: _____ Student-Athlete Initial: _____

- Student Athlete is voluntarily participating in athletics and Parent/Guardian agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

Parent Initial: _____ Student-Athlete Initial: _____

- We forever release the Hudson Falls Central School District, its employees, agents, Board Members, and/or other related entities from any liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that we, our assignees, heirs, guardians, next of kin, spouse, and/or legal representatives have, or may have in the future, related to or stemming from Student Athlete's participation in athletics.

WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. WE ARE AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. WE ARE AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. WE ARE SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE DISTRICT, ITS EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.

Student Athlete Signature: _____

Student Athlete Printed Name: _____ Date: _____

Parent Signature: _____

Parent Printed Name: _____ Date: _____

OFFICE USE

Student Name _____

Date Recieved _____

Received by _____