

TEACH Athletics Return to Play with COVID-19 Release Form

Unprecedented actions are being taken across the country to reduce the spread of COVID-19, a virus that spreads easily from close contact. With the understanding that this is not the optimal environment for practice, for anyone involved, TEACH Athletics encourages coaches to flatten the curve of the COVID-19 outbreak by following Northeast Tennessee Return to Play guidance and to minimize exposure on the court.

TEACH Athletics asks you to acknowledge the following by **initialing** by each statement:

____ I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

____ I further acknowledge that TEACH Athletics has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

____ I further acknowledge that the athletic program of TEACH can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, coaches, other players, and their families.

____ I voluntarily participate in TEACH Athletics and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending games and practices.

____ I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

____ I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

____ I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold the athletic program of TEACH harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the athletics program or that may otherwise arise in any way in connection with any services received from the athletics program of TEACH. I understand that this release discharges the athletic program of TEACH from any liability or claim that I, my heirs, or any personal representatives may have against TEACH with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any participation in games or practices. This liability waiver and release extends to the athletic program of TEACH together with all coaches, volunteers, and families of TEACH.

Signature of Student Athlete

Date

Signature of Parent/Legal Guardian

Date