

MYFA COVID-19 Disclosure, Acknowledgement and Health Checklist

Have you been in close contact with any person that has tested positive for COVID-19 in the past 14 days?

_____ Yes _____ No

Are you experiencing any new or worsening symptoms of possible COVID-19?

_____ Cough

_____ Shortness of breath/Difficulty breathing

_____ Chills

_____ Repeated Shaking with Chills

_____ Muscle Pain

_____ Headache

_____ Sore Throat

_____ Loss of taste or smell

_____ Diarrhea

_____ Feeling feverish or have a temperature equal to or greater than 100 degrees Fahrenheit

_____ Currently living with someone his has symptoms of COVID-19

_____ None of the above/No Symptoms

Temperature Certification

_____ I certify that I took my temperature before arrive at the field today and it was less that 100 degrees fahrenheit.

Duty to Inform: I will inform you if I knowingly come in contact with someone who tested positive within 14 days prior. I will inform you and not attend MYFA activities for 14 days if I develop any of the above symptoms. If I test positive for COVID-19, I will not return to MYFA 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 governments and health agencies recommend social distancing and have, in many areas, prohibited group activities. MYFA is taking steps to reduce the spread of COVID-19; however, MYFA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending MYFA 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 MYFA/Local Association activities 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, MFYA/Local Association 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 MYFA activity ("Claims"). On my behalf, and on behalf of my children, I hereby release and covenant not to sue MYFA its affiliated organizations, employees, volunteers, agents, and representatives, of and from the Claims.

Participant Name: _____

Parent's Signature: _____

Date: _____