

## **JACKSON LADIES LACROSSE BOOSTER CLUB COVID-19 ACKNOWLEDGMENT / PLEDGE/ WAIVER**

All participants in interscholastic athletic programs have an important role to play in keeping other students within their school, their opponents and their community members safe by doing their part to stop the spread of COVID-19. Student athletes must take steps to stay well in order to protect others and promote safety in school and full participation for all student athletes. Because of this challenge, I pledge to assist my child in taking responsibility for her health and to help stop the spread of COVID-19.

The highest priority of the Jackson Ladies Lacrosse Organization and its Booster Club (hereinafter "JLLBC") is the safety of its players, coaches, assistants and spectators. I realize that by attending school and related activities and by participating in sports, my child may be exposed to COVID-19 and other infections. I also understand that despite all the reasonable efforts by my child's school and the JLLBC, my child can still contract COVID-19 and other infections. In order to reduce this risk, I agree to assist my child by being an active participant in maintaining her health, wellbeing and safety, as well as the safety of others, by following all the guidelines outlined by our school, the local health department and the federal Center for Disease Control.

As more information is gathered and known, I understand that the JLLBC may modify these guidelines and expectations and that it is my responsibility to make every effort to keep myself apprised of these changes to protect my child and the community. In that regard, I further pledge to do the following:

1. I agree to provide a mask or the appropriate PPE for my child to wear in all spaces where she will be within six feet of another.
2. I agree to urge my child to practice social distancing as much as possible, and to frequently wash or sanitize her hands and to keep her equipment clean.
3. I agree to testing for COVID-19 and potential subsequent quarantining of my child if she is identified as a contact of anyone who has been determined to be positive for COVID-19.
4. If my child tests positive for COVID-19, I agree to quarantine her in a location to be determined by me and my family in consultation with a medical practitioner and/or local health department until:
  - a. My child's symptoms (if any) have resolved **AND**
  - b. It has been at least ten days since the start of those symptoms (if any) **AND**
  - c. My child has a negative COVID-19 test result.
5. I agree to timely report any known or potential exposures to COVID-19 to the appropriate JLLBC coach, and that in the case of a known exposure I will agree to isolate my child from other members of her team and that she will not attend practice until she has either tested negative since the time of the exposure or more than ten days have elapsed since the time of the known exposure. I will also monitor for the following symptoms:
  - a. Fever of 100.4 degrees or higher
  - b. Respiratory issues such as dry cough or shortness of breath
  - c. Sore throat
  - d. Headache or body aches or chills
  - e. Loss of taste or smell

6. I agree that if my child develops any of these symptoms I will notify my child's coach and I will follow the instructions of medical staff which may include having my child tested for COVID-19 and quarantining while test results are pending.

7. I agree to keep my child home if she is feeling sick.

8. I agree to assist my child in participating fully and honestly in contact tracing to determine who my child may have potentially exposed to COVID-19.

I understand that COVID-19 is a highly infectious virus and that it is possible for my child to contract it even if she follows all the safety precautions above. I have read, understand, and agree to comply with this pledge above. I also acknowledge that these expectations and pledge are a condition of my child's participation in Jackson Ladies Lacrosse and that any failure to comply with the above terms may lead to immediate removal of participation privileges.

I take this pledge seriously and will do my part to protect my child, her teammates and the community.

\_\_\_\_\_  
Electronic Signature

*Type name of Parent/Guardian*

\_\_\_\_\_  
Date

**INFECTIOUS DISEASE WAIVER OF LIABILITY: I hereby acknowledge that the participation of my child/ward in all Jackson Ladies Lacrosse/Jackson Ladies Lacrosse Booster Club events and activities involves possible exposure to and illness from infectious and/or communicable diseases including, but not limited to, COVID-19, MRSA, influenza, and other infectious or communicable diseases. While adherence to rules and requirements may reduce the risk of possible exposure, the risk of serious illness and death remains. On behalf of my child and myself, I knowingly and freely ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of Jackson Ladies Lacrosse/Jackson Ladies Lacrosse Booster Club or associated board members, coaches and assistants, facilities, referees, or any other participant or competitor, and assume full responsibility for myself and my child/ward.**

**Furthermore, I acknowledge that I have received, reviewed, and fully accept the acknowledgement, pledge and waiver provided by the JLLBC as stated above.**

\_\_\_\_\_  
Electronic Signature

*Type name of Parent/Guardian*

\_\_\_\_\_  
Date