



**City of Pico Rivera
Parks & Recreation Department
COVID – 19 Informed Consent Agreement**



In accordance with the state and county guidelines the City has implemented an informed consent form and its guidelines while using the City facility. The guidelines noted below are designed to limit the spread of COVID-19.

[Team] is taking reasonable measures to prevent the spread of COVID-19 infection, including tracking/tracing, and following applicable state and county public health orders and protocols. However, the possibility of transmission cannot be eliminated. Athletes and their 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 all the following (Athlete and, if the Athlete is a minor, Parent/Guardian Must Initial and Sign):

1. Participation in athletics is purely voluntary.

Parent Initial: _____ **Athlete Initial:** _____

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

Parent Initial: _____ **Athlete Initial:** _____

3. Neither the Athlete nor Parent/Guardian will attend meetings, practice and/or competitions if any of the following apply:

- A. The Athlete or any member of their household is exhibiting one symptom(s) of COVID-19 that first appeared within the last 10 days: fever (at or over 100.4°F or 38°C) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. The Athlete or Parent/Guardian, if the Athlete is a minor, will check Athlete's temperature at home prior to attending meetings, practices, and/or competitions; and Athlete will not attend if their temperature is at or over 100.4°F or 38°C.
- B. The Athlete or any member of their household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID-19 test.
- C. The Athlete or any member of their household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
- D. The Athlete or any member of their household is currently under isolation or quarantine orders.

Parent Initial: _____ **Athlete Initial:** _____

4. If the Athlete tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19, the Athlete or Parent/Guardian, if the Athlete is a minor, agrees to immediately inform [Team Officials] and acknowledges that the [Team Officials] must contact the Los Angeles County Department of Public Health (LACDPH) to provide information regarding the confirmed positive test, including Athlete's name and contact information. I consent to the [Team] providing such information to LACDPH 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 [Team Officials] and / or LACDPH.

Parent Initial: _____ **Athlete Initial:** _____

5. We are aware that the Athlete may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious illness, or death for both the athlete and their household members.

Parent Initial: _____ Athlete Initial: _____

6. We acknowledge [Team], the Governor, State Department of Health, LACDPH, or other administrative body with authority over [Team] may determine to cancel a competition or the season at any time. We also acknowledge [Team] must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this agreement.

Parent Initial: _____ Athlete Initial: _____

7. Athlete and Parent/Guardian, if the Athlete is a minor, is/are aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for physical distancing and the correct and consistent use of face masks. We agree to comply with the direction provided by the coaching staff and acknowledge that the failure to do so may result in the Athlete being refused participation at practice, competitions, and/or the entire sport season.

Parent Initial: _____ Athlete Initial: _____

8. Athlete is voluntarily participating in athletics. Athlete or Parent/Guardian, if the Athlete is a minor, agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown. Athlete or Parent/Guardian hereby RELEASE, WAIVE, DISCHARGE HOLD HARMLESS AND COVENANT NOT TO SUE the **[TEAM], ITS EMPLOYEES, AGENTS, BOARD MEMBERS, THE CITY OF PICO RIVERA OR OTHER RELATED ENTITIES**, officers, employees and volunteers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, or illness including, without limitation, any loss, damage, injury, or illness caused by or related to COVID-19, including death, that may be sustained by me or other family members or any person who may contract COVID-19 from the undersigned or such participating individuals or from any property belonging to the City, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, in any way connected to or arising out of Athlete's participation.

Parent Initial: _____ Athlete Initial: _____

In accordance with state and federal guidance the City has implemented the following guidelines while using a City facility. The guidelines noted below are designed to limit the spread of COVID-19. We urge you and all members of the public to comply with the following guidelines:

- Stay at home if you are feeling sick or experiencing any COVID-19 symptoms.
- Remain socially distanced while arriving at the City facility. We are implementing 30-minute gaps between teams to avoid gatherings during these transition times.
- Participants should arrive dressed and ready to play.
- Upon arriving to the field, participants will perform a symptom check that will be administered and logged by coach/team volunteer. Temperatures and check-in questions must be logged.
- Participants must always maintain a physical distance of at least 6 feet between each other and 8 feet distance between each other during times of heavy physical exertion. Parents/spectators of the same household may be seated together

but must maintain at least 6 feet distance from other households.

- All sports organizations, Coaches, Volunteers, Parents and Participants must wear masks while on City facility. Participants must wear masks during activity, should take a break from activity if any difficulty breathing, and masks should be changed if too wet/sticky.
- Participants should bring their own pre-filled reusable or purchased water bottles. Water fountains are available to fill water bottles only. Participants should not drink from the same beverage container or share beverages.
- Participants should provide and use their own personal hand sanitizer before and after each session and during water breaks.
- Participants are encouraged to bring their own equipment to practice and not share equipment. If equipment must be shared (i.e. balls) participants and coaches should perform hand hygiene before play, during breaks, at half time and after the conclusion of the activity.
- Coaches, volunteers, participants and parents are discouraged from making unnecessary physical contact with one another (for example, hi-fives, handshakes, fist bumps) to limit the potential spread.
- Exit the facility immediately once your session is over while practicing social distancing.
- Travel via private car must be limited to only those within the immediate household.
- Upon being informed that one or more coach, participant, parent or family member test positive for COVID-19, the team protocol for exposure must go into effect and exposed cases self-quarantine.

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

League Organization: _____

Team Name: _____ Division: _____

Athlete Printed Name: _____

Athlete Signature: _____ Date: _____

Parent Printed Name: _____

Parent Signature,
if the Athlete is a minor: _____ Date: _____