



## HOOP, KICK & SWIM SPORTS SUMMER CAMP WAIVER

Participants Name: \_\_\_\_\_

DOB:(M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Any Medication: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work/Home: \_\_\_\_\_

### Liability Waiver

By signing this waiver, I give permission for the above-named individual to participate in the Hoop, Kick and Swim Sports Summer Camp. The Trainee/Parent or Guardian (as the case may be) agrees to partake in the training activities and use the equipment provided as instructed and under the supervision of St. John's College Physical Education Department and their team members.

The Trainee/Parent or Guardian recognizes and understands the risk of serious or permanent injury associated with participating in the Hoop, Kick & Swim Sports Summer Camp. The Trainee/Parent or Guardian accepts the risks associated with the training activities and use of equipment provided. The Trainee/Parent or Guardian agrees to not hold the St. Johns College Physical Education Department or their team members responsible for any injury to the trainee that may occur during the supervised training sessions if they do not adhere to instructions.

Furthermore, if the trainee above has any health issues, concerns or is taking any medication, the Physical Education department must be informed by either the trainee OR parent or guardian before training commences.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing
- Headaches
- Vomiting

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 14 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 14 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 14 days.
- I understand that Hoop, Kick and Swim Sports Summer Camp cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

By signing below, I agree to each statement above and release Hoop, Kick and Swim Sports Summer Camp from any and all liability for unintentional exposure or harm due to COVID-19.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_