

Casco Bay Hockey Participant Agreement, Release and Acknowledgement of Risk

In consideration of the use of facilities and participation in recreational programming operated by Casco Bay Hockey ("CBHA"), including without limitation, practices, tryouts, and athletic teams, I hereby agree on behalf of myself and my child(ren), as follows:

1. I acknowledge that participation in CBHA Programming at associated facilities entails known and unanticipated risks, which include exposure to novel coronavirus known as COVID-19 and possible physical injury, paralysis, death or damage to myself, to my children, to the children that I am responsible for, to property, or to third parties. I understand that such risks are inherent in the activity and cannot be eliminated without jeopardizing the essential qualities of the activity. I have read the list of some risks associated with CBHA Programming and use of the associated facilities and the known symptoms of COVID-19. I agree to abide by all CBHA policies and procedures regarding COVID-19 and the rules of the Programming and associated facilities and I acknowledge that these may change with little or no advance notice.
2. I further acknowledge that coaches, instructors, facility staff and managers cannot pay continuous attention to all participants and cannot be responsible for our health and safety at all times. I will promptly report to the CBHA Program Director or Coach any unsafe or dangerous conditions or situations, and whether I or any member of my household experiences known symptoms of COVID-19, and I will cooperate with them fully to ensure my safety and the safety of others. I also understand that CBHA is not responsible for the weather, terrain, playing surface conditions, wildlife or equipment failure and that they may cause or contribute to an injury or property damage.
3. I agree to release and discharge CBHA from any and all claims or liabilities, including COVID-19 infection or exposure, arising from or connected with my participation or my child's use of any facilities or programming participation, as well as any and all claims or liabilities arising from or connected with our presence within any facilities or participation in CBHA Programming.
4. I am aware of the level of fitness and public health measures that are needed for my intended use of the facilities and participation in CBHA Programming. I certify that I have no medical condition or restriction that prevents me from safely using the facilities or participating in CBHA Programming. I have complied with applicable orders related to the COVID-19 virus including social distancing and quarantine as applicable to me and my household, and I am not nor is any member of my household experiencing any known symptoms of COVID-19. I also certify that my children and the children that I am responsible for have no medical condition or restriction, COVID-19 related or otherwise, that prevents them from safely participating in the Programming or use of the facilities.
5. I hereby give my consent to have my child's temperature taken while participating in the Programming and using the facilities. Information regarding our temperature may be kept with other confidential records and used for contact tracing and for public health purposes related to COVID-19. My child(ren) or I will honestly answer any screening questions if asked by rink staff or coaches or volunteers when entering any rink.
6. I understand that this release applies to myself and my children, as well as to each of our heirs, insurers, successors and assigns.
7. I have read the symptoms of COVID-19 below and will not to send my child or children to the rink to skate if they have any symptoms of COVID-19 or a family member has symptoms. I will also not send my child(ren) to the rink if they have had contact with anyone exposed to anyone with COVID-19 or with COVID-19

symptoms (presumed positive) in the past 2 weeks. I will not send my child(ren) to the rink if they are awaiting test results for COVID-19. More information on when to quarantine, report symptoms of illness and/or test results can be found on the Casco Bay Hockey COVID-19 Information Page at <https://www.cascobayhockey.com/page/show/5826536-covid-19-information?tab=permissions#>. I agree to abide by all guidelines posted on the Casco Bay Hockey COVID-19 Information Page. Please check this page frequently for updates to the guidelines as US and Maine CDC guidelines and requirements are changing frequently.

8. I and members of my household will not volunteer to complete the scoresheet or run the clock at any Casco Bay Hockey rink if I/we have any COVID-19 symptoms or I/we have had contact with anyone exposed to anyone with COVID-19 or with COVID-19 symptoms (presumed positive) in the past 2 weeks.

9. I agree to follow the state Keep Maine Healthy plan if I or my child(ren) travel outside the state of Maine. I understand that if my family or child(ren) travel outside of Maine to non-exempt states we may be subject to a quarantine or negative test requirement before we can participate again in USA Hockey activities, including practices and games, when we return to Maine. I agree to notify my child(ren)'s coach(es) if we travel to a non-exempt state and will comply with any quarantine or testing requirement communicated to me by the coach or coaches or Casco Bay Hockey. For more information about the Keep Maine Healthy plan and a list of travel-exempt states please visit <https://www.maine.gov/covid19/restartingmaine/keepmainehealthy> prior to making any travel plans.

10. I agree to follow federal, state, and local governments and federal and state health agencies, and the State of Maine Governor's recommendations, guidelines, directives, and orders to reduce the spread of the novel coronavirus, COVID-19.

RISKS MAY INCLUDE: infectious diseases including COVID- 19, dehydration, muscle strains, muscle sprains, bone breaks, abrasions, cuts, exposure to biting insects and the infectious diseases they may carry, exposure to poisonous plants, turf burn, sunburn, cold-related illnesses, head and neck injuries, hypothermia, frostbite, blisters, respiratory disease, blindness, and death.

COVID-19 SYMPTOMS INCLUDE: cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting and diarrhea.

I have read and understand the above terms and warnings, and I consent to the participation of my child and children I am responsible for and I agree for myself and my child to be bound by these terms.

Signature: _____ Date: _____
Print Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Please bring any necessary medications (epi-pen, inhaler, etc.) with you.