**Health Screening for participation in Mustang Hockey Association tryouts and evaluations.**

**Please initial the appropriate box for the following questions. Anyone answering yes to any of the below questions will not be permitted access to the facility at this time.**

Player/Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you experienced a fever of 100.4 degrees F or greater, a new cough, or shortness of breath within the past 10 days?
	* No. *Go to the next question.*
	* Yes. *Please contact a coach about placement on a team.*
2. Have you experienced the development of any cold or flu symptoms in the last 14 days (fever, cough, shortness of breath, difficulty breathing, new loss of taste or smell, sore throat)?
	* No. *Go to the next question.*
	* Yes. *Please contact a coach about placement on a team.*
3. In the past 10 days, have you received a positive result from a COVID test that tested saliva or used a nose or throat swab? (not a blood test)
	* No. *Go to the next question.*
	* Yes. *Please contact a coach about placement on a team.*
4. To the best of your knowledge, have you had close contact (within 6 feet for at least 10 minutes) with or cared for someone diagnosed with COVID-19 within the last 14 days.
	* No. *Go to the next question.*
	* Yes. *Please contact a coach about placement on a team.*
5. In the past 14 days, have you travelled out-of-state?
	* No. *Proceed to check-in.*
	* If yes, and out-of-state travel occurred in the past 14 days, did you comply with state and municipal guidelines upon return to Alaska?
* No. *Please contact a coach about placement on a team.*
* Yes. *Proceed to check-in.*

**Certification**

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Waiver of Liability and Hold Harmless Agreement**

Due to the current outbreak of the coronavirus (COVID-19), the Mustang Hockey Association is taking extra precautions with the care of every participant and spectator to include self-health review guidelines and enhanced sanitation/disinfecting procedures in compliance with Centers for Disease Control and Prevention (CDC), state, and local guidelines. In consideration of being allowed to participate on behalf of Mustang Hockey and their related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness does exist.
2. I understand the hazards of COVID-19 and am familiar with the Mustang Hockey Association’s Mitigation Plan (mustanghockey.com), CDC, state, and local guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the guidelines are regularly modified and updated, and I accept full responsibility for familiarizing myself with the most recent updates.
3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in any Mustang Hockey activity and hereby release, waive, discharge, and covenant not to sue (on behalf of myself and any minor children for whom I have the capacity to contract) Mustang Hockey, their board members, officers, directors, agents, employees, sponsors, and assigns (Released Parties) from any liability related to COVID-19 which might occur as a result my being on the premises and participating in the activities.
4. I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to my being on the premises, participating, using equipment, or using materials, whether caused by the negligence of the Released Parties or otherwise specifically related to COVID-19.

I have read the release of the liability and assumption of risk agreement, fully understand its terms, agree to follow the particular rules put in place for participant and spectator safety.

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_ (**required for age 10 and above**)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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