COVID-19 Assumption of Risk

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

As athletics and summer performance training start to resume, Lake Country Chiefs has put preventative measures in place to reduce the spread of COVID-19; however, Lake Country Chiefs cannot guarantee that you or your child(ren) will not become infected with COVID-19. Illness and injury are an inherent part of athletic and physical performance programming (sports/fitness instruction/competition).

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Lake Country Chiefs activities and that such exposure or infection may result in illness. The student-athlete agrees to accept responsibility for reporting his/her injuries and illness to the coach/advisor, athletic training staff, parent/guardian, or other health care personnel including any signs and symptoms of COVID-19. We acknowledge, understand, and agree to abide by the fact that student-athletes are prohibited from any participation until the student-athlete and parent/guardian have read this plan and consent to all Lake Country Chiefs COVID-19 protocols.

STUDENT-ATHLETE Name (Printed) __________________________________________________________

SIGNATURE ____________________________________________________

DATE: ____________

PARENT/GUARDIAN Name (Printed) ________________________________________________________

SIGNATURE ____________________________________________________

DATE: ____________