

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate on behalf of the **FREMONT YOUTH LEAGUE (FYL) FOOTBALL & the FREMONT COMMUNITY SCHOOL DISTRICT** located in Fremont, Indiana 46737 in athletic program(s) and related events and activities, the undersigned acknowledges, consents to, and agrees that:

- 1. Participation in athletic activities includes possible exposure to the illness from infectious diseases including but not limited to **COVID-19**. While certain guidelines, practices, and personal discipline may reduce this risk, the risk of serious illness and/or death through participation is real and does exist; and,
- 2. I agree to comply with the stated and customary terms and policies established and conditions for participation regarding protection against infectious diseases as adopted by the School District and Fremont Youth League (FYL) Football; and
- 3. If I observe any unusual or significant hazard or unusual conditions during my presence or participation in athletics, I will remove myself from participation and bring such to the attention of my coach or the nearest School Official and be held out unit medically cleared to return to athletic activity; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Fremont Community School District and Fremont Youth League (FYL) Football, their officers, officials, agents, coaches, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASES"), **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASES OR OTHERWISE, to the fullest extent permitted by law.**
- 5. I acknowledge that the only way to completely reduce the risk of injury from participation in athletics is to remove myself from the activity and not participate.

I HAVE READ THIS RELEASE OR LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND RISKS I AM UNDERTAKING BY SIGNING IT.

I SIGN FREELY, VOLUNTARILY, WITHOUT INDUCEMENT, DURESS AND WITH FULL UNDERSTANDING.

Printed Name of Participant: _____

Participant Signature: _____ Date signed: _____

FOR MINOR CHILDREN WHO ARE UNDER 18 AT THE TIME OF EXECUTION.

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 that include the possibility of becoming seriously ill or even dying. I agree after careful thought and consideration to assume the risk on behalf of my minor child. 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 to release and agree to indemnify and hold harmless the these activities as provided above, **EVEN IS ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.**

Name of Parent/Guardian: _____

Parent Guardian/signature: _____ Date Signed: _____

**CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES AND/OR LEGAL GUARDIAN**

Student Athletes Name (Please Print): _____

Sport Participating in (If Known): _____ date: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute sheets to inform and educate student athletes and their parents on the nature of risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athletes parents must be given an information sheet, and both must sign and return a for acknowledging receipt of the information to the student athletes coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected or experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian – please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above names student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian)

(Date)

