

thinkLAX tournaments is excited to have the girls back on the field for 2020 National Fall Lax Festival; held in Washington County, MD!!

Unless prohibited by federal, state or local order, 2020 National Fall Lax Festival is a go and will be take place on October 24<sup>th</sup>, 25<sup>th</sup>, 2020. We are committed to providing children a safe experience allowing them to be active while providing the benefits of physical activity and team play.

**ALL PLAYERS, PARENTS, STAFF, OFFICIALS, COACHES, CLUB DIRECTORS, TOURNAMENT DIRECTORS MUST TURN THIS IN ON THE DAY OF THE EVENT AND EVERYDAY OF ATTENDANCE AT OUR EVENT!! PLEASE VIEW OUR PROCEDURES ON THE OTHER ATTACHMENT!**

UPON ENTERING THE FACILITY – EACH PERSON MUST HAVE THIS PIECE OF PAPER WITH THEM TO GAIN ENTRANCE!!! IT MUST BE SIGNED AND DATED! YOU WILL NOT BE ADMITTED WITHOUT IT! CARS WILL BE TURNED AWAY WITH NO PLAYERS – UNLESS A COACH OR OFFICIAL!

**\*\*REMINDER ONLY 1 SPECTATOR PER PLAYER\*\***

**24-Hour Symptom Checker**

NAME: \_\_\_\_\_

ROLE (Please circle)

PLAYER	PARENT	OFFICIAL
STAFF	DIRECTOR	COACH
CLUB DIRECTOR		

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TEAM: (IF APPLICABLE)

\_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CURRENT TEMPERATURE READING: \_\_\_\_\_

I certify that I am Symptom Free for the following and have had no close contact with anyone with COVID-19.

\_\_\_\_\_ Shortness of Breath or difficulty breathing

\_\_\_\_\_ Chills

\_\_\_\_\_ Repeating shaking with chills

\_\_\_\_\_ Muscle Pain

\_\_\_\_\_ Headache

\_\_\_\_\_ Sore Throat

\_\_\_\_\_ Loss of Taste or Smell

\_\_\_\_\_ Diarrhea

\_\_\_\_\_ Feeling Feverish or a temp above 100.0°F

\_\_\_\_\_ Known Contact with anyone with COVID-19

**Please acknowledge: There will be enhanced risks of all participants to all parents, parents and guardians for participants being in direct contact with anyone age 65 or older for 14 days after participating in a sport event or practice. INITIAL HERE: \_\_\_\_\_**

## Waiver/Release for Communicable Diseases Including COVID-19

In consideration of being allowed to participate in a thinkLAX, LLC, ("thinkLAX") event ("thinkLAX Event"), the undersigned acknowledges, appreciates, certifies and agrees that:

1. My participation includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness, injury, and death does exist.
2. If I have a pre-existing health condition, exposure to COVID-19, or any other infectious disease may be more likely to cause serious illness, injury, or death;
3. thinkLAX cannot ensure that all other participants, including coaches and volunteers, are taking precautionary measures to mitigate risks to ensure the health and safety of other participants, coaches, and volunteers, and therefore, participation in a thinkLAX Event involves risk of exposure to infectious disease; and,
4. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
5. I certify that I have not recently tested positive for, and am not exhibiting symptoms of COVID-19, which include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, muscle or body aches and/or sore throat.
6. I certify that I do not have a household family member/roommate who has recently tested positive for or exhibited the above-referenced symptoms of COVID-19.
7. I willingly agree to comply with all recommendations provided by thinkLAX to ensure safe play. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest coach, staff member or volunteer, or official immediately; and,
8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS thinkLAX, MAYS, In the Net, and their officers, officials, agents, and/or employees, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

### **FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

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 Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees 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: \_\_\_\_\_