

## Athletic Participation Informed Consent COVID-19

After careful consideration, and as the parent or legal guardian of the student listed below, I give permission for my student to participate in "Higher Risk" school sponsored sports in accordance with the protocols established by the Hadley Luzerne CSD, Warren County Dept. of Health and New York State Department of Health.

Furthermore, I understand and acknowledge the following:

- The resumption of athletics does not mean they are safe or without risk.
- Participation in the sport may expose the student-athlete to COVID-19.
- Symptomatic and asymptomatic individuals can spread the virus.
- Masking, distancing, and other mitigation measures reduce, but do not eliminate risk.
- At present, it cannot be predicted who will become severely ill if infected.
- COVID-19 can lead to serious medical conditions and death for people of all ages.
- The long-term effects of COVID-19 are, at present, unknown; even people with mild cases may experience long-term complications.
- There is a significant risk of transmission to those in the home of infected student-athletes.
- Older people and people with underlying health conditions are at higher risk of serious disease.
- Masks will be worn by all student-athletes, coaches, managers, referees/officials, event staff and individuals dropping off or picking up student-athletes, etc.

Additionally, I agree to fully cooperate with any investigation into contact tracing and elicitation; and will adhere to isolation and quarantine orders.

**I agree to be part of the district's Covid-19 testing protocol. High Risk Athletes will be tested as deemed necessary by the district.**

Name of Student-Athlete(printed): \_\_\_\_\_

Signature of Student-Athlete: \_\_\_\_\_

Name of Parent/Guardian (printed): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_