

INDIVIDUAL COVID RESPONSIBILITIES

I will not attend meetings, practice and/or competitions if any of the following apply:

I, or any member of my household is exhibiting one symptom(s) of COVID-19 first appear within the last 10 days: fever (at or over 100.4°F or 38°C) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. I will check my temperature at home prior to attending meetings, practices, and/or competitions; and will not attend if my temperature is at or over 100.4°F or 38°C.

I, or any member of my household have been diagnosed with COVID-19 or have a suspected diagnosis of COVID-19 or pending COVID test within the last 10 days.

I, or any member of my household have spent time with another individual who have been diagnosed with COVID-19 or have a suspected diagnosis of COVID-19 within the last 10 days.

I, or any member of my household are currently under isolation or quarantine orders.

If I test positive for COVID-19 or have been identified as being exposed to an individual that has tested positive for COVID-19, I agree to immediately inform **City of Burbank** and acknowledges that the **City of Burbank** must contact the Los Angeles County Department of Public Health (LACDPH) to provide information regarding the confirmed positive test, including my name and contact information. I consent to the **City of Burbank** providing such information to LACDPH or any other the administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the **City of Burbank** and / or LACDPH.

I understand that I may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. I understand that this exposure carries a risk of infection, serious illness, or death for both myself and my household members.

I acknowledge **City of Burbank**, the Governor, State Department of Health, LACDPH, or other administrative body with authority over **City of Burbank** may determine to cancel a competition or the season at any time. I also acknowledge **City of Burbank** must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this agreement.

I am aware that practices, games, spectating, and/or transportation will look different than prior years. I agree to comply with the direction provided by the **City of Burbank** and acknowledge that the failure to do so may result in me being refused participation at practice, competitions, and/or the entire sport season.

I am voluntarily participating in athletics. I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown. **I agree to DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY OF BURBANK AND ANY OF ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES, FROM ALL LIABILITY, LOSS, OR HARM THAT MAY OCCUR BY REASON OF MY PARTICIPATION IN THE SPORTS PROGRAM, including any and all risks of infection, injury, or death, whether those risks are known or unknown.**

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I/WE AGREE TO ABIDE BY ALL LOS ANGELES COUNTY PROTOCOLS FOR YOUTH AND ADULT RECREATIONAL SPORT LEAGUES OUTLINED HERE AND AS UPDATED BY THE LOS ANGELES COUNTY HEALTH DEPARTMENT. I/WE ARE AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM/WE ARE AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM/WE ARE SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND RELEASE AND WAIVER OF ANY CLAIM AGAINST THE CITY OF BURBANK, ITS EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.

Team Name and Division

League

Participant Name (please print)

Participant/Guardian Signature

Date

Please return a signed copy of this form to the Sports Office. For additional information please contact the Sports Office at (818) 238-5330.