

## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

S4EA cannot guarantee that y	· · · · · · · · · · · · · · · · · · ·	measures to reduce the spread of COVID-19; however, not become infected with COVID-19. Further, mily's risk of contracting COVID-19.
Name of Athlete, Volunteer, or Supporter		(please print legibly)
To help stop the spread of CC	VID-19, S4EA would like everyone partic	ipating in S4EA activities to have been vaccinated.
Date of 1 <sup>st</sup> Vaccine:	, Date of 2 <sup>nd</sup> Vaccine:	, Vaccine Brand: (Pfizer, Moderna, Johnson & Johnson)
Booster Date(s):	, Booster Brand:	(Pfizer, Moderna, Johnson & Johnson)
my family may be exposed to such exposure or infection malosses, medical expenses, loss COVID-19 at S4EA may result S4EA employees, officers, vol I voluntarily agree to assume family or myself including, bu mental harm, death, econom	or infected by COVID-19 by attending an any result in personal injury, illness, permands of income, and death. I understand that from the actions, omissions, or negligent unteers, coaches, managers, officials, and all of the foregoing risks and accept sole to not limited to personal injury, illness, possible to losses, medical expenses, loss of incomexperience or incur in connection with means and accept sole and accept sole to losses.	VID-19 and voluntarily assume the risk that me and id/or participating in S4EA and S4EA events and that anent disability, physical and mental harm, pecuniary the risk of becoming exposed to or infected by see of myself and others, including, but not limited to d program participants and their families.  responsibility for any and all injury and losses to my ermanent disability, temporary disability, physical and he, and all other damages, losses, and expenses of any y family's or my attendance at S4EA or participation
harmless S4EA, and all of thei sponsoring agencies, all spons used to conduct S4EA events, claims, actions, causes of acti to the attending or participat based on the actions, omissio whether a COVID-19 infection	r officers, directors, officials, employees, sors and advertisers, all other participant and all other persons and entities, of and on, losses, harm, injuries, damages, costs on in S4EA and S4EA events. I understan	
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Signature Parent/Guardian/Responsible	Person or Athlete/Volunteer/Supporter	if 18 or older
Relationship to Athlete/Volunteer/Supporter		
Please return completed COV SPORTS for Exception		

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