

Boyertown Area Wrestling Association/Boyertown Youth Wrestling Club

COVID Waiver Release Form

COVID-19 Athlete and Parent Acknowledgement

1. I am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding the Novel Coronavirus Disease (“COVID-19”). I acknowledge and understand that the circumstances and symptoms regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated, and I agree to accept full responsibility for familiarizing myself with the most recent CDC modifications and updates.
2. I affirm that neither I, nor any person residing in my household, have been diagnosed with, demonstrated any symptoms of, or have in any way knowingly been exposed to COVID-19, within the past fourteen (14) calendar days. I further affirm that I have not been notified within the past fourteen (14) calendar days that I, nor any person residing in my household, has been exposed to COVID-19.
3. I agree that if I, or any person residing in my household, begin to experience symptoms similar to COVID19, or if I, or any person residing in my household, are notified that I/they have been exposed to or infected with COVID-19 that I will immediately cease participating in the Activity. Furthermore, if I, or any person residing in my household, are notified that I/they have been diagnosed with COVID-19 and I have participated in the Activity within the last fourteen (14) calendar days from the date of diagnosis, that I will immediately notify Boyertown Area Wrestling Association & Boyertown Youth Wrestling Club of the diagnosis.
4. I acknowledge that I am aware that by participating in the Activity that there is a risk of being exposed to COVID-19, and/or any mutation or variation thereof. I am also aware that such an exposure can occur either directly or indirectly whether or not a mask and/or gloves are worn and that Boyertown Area Wrestling Association and Boyertown Youth Wrestling Club cannot guarantee that by participating in the Activity that there will be no exposure to COVID-19. I further acknowledge that while certain individuals are more susceptible to becoming seriously ill if they contract COVID-19 (such as people over 65, people with serious underlying health conditions, and those with compromised immune systems), anyone, including a healthy person, is susceptible to contracting COVID-19. I have independently evaluated and reviewed the risks of being exposed to or infected by COVID-19 and have determined to participate in the Activity with full knowledge and acceptance of the risks.

_____ (Parent/Guardian Signature) (Date)

_____ (Parent Printed Name)

_____ (Student Signature) (Date)

_____ (Athlete Printed Name)