

# DME SPORTS ACADEMY

## Risk Assessment and Waiver of Liability

This form is solely for the purpose of screening all individuals during the COVID-19 pandemic for the protection of staff and clients. The information shared is collected for our protection during the pandemic and personal information will not be shared or sold for any purpose as covered by privacy laws. This waiver will serve as acknowledgment of this and any future visit. If your situation should change, please notify the staff at DME

Please answer the following questions

I am aware that due to limited testing for the COVID-19, the virus has a long incubation period during which time carriers of the virus may be asymptomatic (no symptoms) and still be highly contagious. I also acknowledge that it is impossible to determine who has it.

Yes, I'm aware

I understand that anytime I am within close proximity (less than 6ft) of my service provider or any other person, I could have an elevated risk of contracting the virus should it be present.

Yes, I understand

I confirm that none of the following COVID-19 symptoms have been present within the last 2-14 days: Fever, Shortness of Breath, Loss of taste or smell, Dry Cough, Runny Nose, Sore Throat, Chills, Repeated Shaking with Chills, Muscle Pain or Headache

None of the Above

Other, Specify: \_\_\_\_\_

I affirm that I have not been exposed to anyone that has been diagnosed with COVID-19 within the past 14 days inside or outside of the country I reside in.

True       False

I affirm that I have not traveled domestically (outside of my state) or internationally (outside of my country) within the past 14 days.

True       False, please explain: \_\_\_\_\_

Do you suffer from allergies? If yes, explain what are your allergy symptoms.

No       Yes, please explain: \_\_\_\_\_

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, including individuals without disease symptoms. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

The health and well-being of our staff and athletes remains our top priority. In order to minimize the risk of COVID-19 entering our environment and spreading amongst our community, we will only allow staff assigned to work and athletes scheduled to participate to be in our gym. Parents wishing to remain on site can use outdoor common areas or the parking lot to wait for their athlete(s). Athletes waiting to attend a session will need to wait outside while maintaining social distance from others.

Furthermore, all participants in sponsored activities at DME SPORTS must agree to and abide by the following:

- MAINTAIN SOCIAL DISTANCING (6FT) AT ALL TIMES
- KEEP ALL ACCESS DOORS LOCKED AT ALL TIMES
- IF YOU ARE FEELING ILL, PLEASE REFRAIN FROM ENTERING THE FACILITY
- SANITIZE OFTEN, WASH HANDS FREQUENTLY
- MASKS ARE RECOMMENDED, BUT NOT REQUIRED

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DME SPORTS, LLC (hereafter referred to as the "DME") has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 in DME's gym environment; however, DME cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending sponsored activities at DME could increase your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to the participation terms described above and assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the DME and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at DME may result from the actions, omissions, or negligence of myself and others, including, but not limited to, DME employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at DME or participation in DME programming ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless DME, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of DME, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any DME activity.

Participant's Name(s): \_\_\_\_\_ Team(s): \_\_\_\_\_

Participant's Signature (if 18 or older): \_\_\_\_\_

Parent/Legal Guardian Name(s) (for participants under 18): \_\_\_\_\_

Signature(s) of Parent/Legal Guardian: \_\_\_\_\_

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