**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.

Skillz Finest has put in place preventative measures to reduce the spread of COVID-19; however, the Center cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further attending the Center could increase your risk and your child(ren)’s risk contracting COVID-19. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Center 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 the Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Center 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 I or my child(ren)’s attendance at the Center or participation in Center programming (“Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Center, 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 the Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Center program.

Signature of Parent/Guardian Date

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Print Name of Parent/Guardian Name of Participant(s)

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**Skillz Finest COVID-19 Screening Questionnaire  
This questionnaire will be administered to each group of athletes, while they wait for their session to begin.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been diagnosed with COVID-19 within the past 14 days?

🞏YES 🞏NO

1. Have you had close contact with or cared for someone who has tested positive for COVID-19 within the past 14 days?

🞏YES 🞏NO

1. Have you been in close contact with a suspected case of COVID-19 within the past 14 days? 🞏YES

🞏NO

1. Have you traveled outside of Michigan within the past 14 days? 🞏YES 🞏NO

If so, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you experienced within the last 14 days, or are you currently experiencing, any of the following symptoms:

Fever or chills🞏YES 🞏NO   
Dry cough🞏YES 🞏NO

Difficulty breathing or shortness of breath Fatigue🞏YES 🞏NO

Muscle or body aches🞏YES 🞏NO

Sore throat🞏YES 🞏NO

Headache 🞏YES 🞏NO

Congestion or runny nose 🞏YES 🞏NO

Nausea or vomiting 🞏YES 🞏NO

Diarrhea 🞏YES 🞏NO

New loss of taste or smell 🞏YES 🞏NO

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**