

RELEASE OF LIABILITY/ASSUMPTION OF RISK

Athlete Name: _____

I understand that competitive Track and Field, is a physically demanding activity and there is a possibility that my child could sustain minor, moderate, or severe injury. I acknowledge that my child has no physical, mental, or emotional conditions that would preclude maximum participation in Track and Field activities.

COVID-19 is extremely contagious and is reported to be spread through the air, from touching contaminated surfaces and from person-to-person contact. There is no known treatment, cure, or vaccine for COVID-19, which can cause severe illness and death. Federal, state and/or local governments have recommended and/or require precautions, including, but not limited to, social distancing and wearing face coverings, to lessen the spread of this virus. Please contact the Centers for Disease Control (the CDC), state and/or local governments for the most up-to-date information and guidance.

I acknowledge that in the event that my child displays symptoms of a fever, cough, dizziness, nausea, congestion, sinus infection, runny nose, diarrhea, or injury, they will refrain from participating in track and field activities until they are well. The Coastal Georgia Track Team, agents, or volunteers has the right to refuse participation in practice for any athlete that displays these symptoms or has injuries.

You are agreeing that, even if the Coastal Georgia Track Team, agents or volunteers uses reasonable care in providing track and field activities, there is a chance your child may be seriously injured by participating in this activity, because there are certain dangers inherent in track and field that cannot be avoided or eliminated. By signing this form you are agreeing that there will be no litigation or any such claim for compensation or liability pursued by you against the Coastal Georgia Track Team, agents, or volunteers due to personal injury, illness, or in extreme circumstances death of your child or any property damage that results from the risks that are a natural part of the activity.

You have the right to refuse to sign this form, and the Coastal Georgia Track Team, agents, or volunteers has the right to refuse to let your child participate if you do not sign.

In my absence I authorize any COASTAL GEORGIA TRACK TEAM (head coach, assistant coach, team manager) to seek (emergency) medical or dental care for my child in the event of accident, injury, or illness.

PARENT/GUARDIAN SIGNATURE AND DATE

DOCTOR/CLINIC/HOSPITAL NAME:

EMERGENCY CONTACT INFORMATION:

#1 NAME: _____

PHONE NUMBER: _____

#2 NAME: _____

PHONE NUMBER: _____

We, the Coastal Georgia Track Team staff are not responsible for any unfortunate illness or injury that may occur while participating in any event. By signing this waiver, you agree to these terms and conditions.