

West Chester East Winter Blast Invitational

Medical Treatment and Liability

EACH PARTICIPANT MUST HAVE A COMPLETED RELEASE FORM ON FILE DUE WITH TEAM REGISTRATION;
OTHERWISE THEY MAY NOT PARTICIPATE IN THE EVENT.

I, the undersigned parent or guardian, do hereby grant permission for daughter/son, whose name is _____, and hereafter shall be referred to as "participant", to partake in the event(s) sponsored by West Chester East Boosters.

In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby release the West Chester East Boosters, facility and its representatives from any liability associated with the exercise of this authority. I further acknowledge and agree that in taking part in the above named event, there is a possibility of physical injury and/or illness by participating.

I further agree to hold harmless, WEST CHESTER EAST BOOSTERS, including directors, staff and facilities in which the event(s) is held for any injury or illness incurred by participant during the course of the event.

Please list below any medication to which the participant is allergic or is currently taking. If participant is under medication, please check to make sure he/she brings his/her medication and that he/she takes the prescribed dosage.

I also hereby agree that all COVID-19 precautions will be adhered too prior to arriving at the event, including, following all CDC guidelines, wearing masks, confirm a temperature of under 100.4 degrees and not attending if showing signs of any COVID-19 symptoms or previous exposure to a confirmed case of COVID-19. Circle Answers Below:

In the past 14 days, participant or a member of participants household has been diagnosed with COVID-19. YES NO

In the past 14 days, participant or a member of participants household has knowingly had contact with a person diagnosed with, or in the process of being tested for, COVID-19. YES NO

In the past 14 days, participant or a member of participants household has traveled internationally, been on a cruise, or been to any domestic location subject to a CDC travel advisory. YES NO

In the past 72 hours, participant or a member of participants household has had a fever over 100.4° F. YES NO

In the past 72 hours, participant or a member of participants household has experienced coughing, shortness of breath or other recognized symptoms of COVID-19. YES NO

By signing below both participant and I verify that I am the parent or guardian of the participant named above, that I have read and understand the conditions of this medical release form. I further acknowledge that I am fully aware of the dangerous nature of the sport my child is partaking in and will hold only myself liable for any resulting illness or injury (minimal, serious, or catastrophic).

Participant's School or Organization Name

Participant's Printed Name

Participant's Signature and Date

Medical Insurance Carrier

Policy Number

Parent's Printed Name

Parent's Signature and Date

Address

City/State/Zip

Phone #