



### COVID-19 Waiver

This form must be completed for each soccer player and, if the player is under 18-years old, must be signed by the player's parent or legal guardian. No player will be allowed to participate without this form and on file.

**Participant's Name** (Type or Print): \_\_\_\_\_

**Participant's Date of Birth** (mm/dd/yyyy): \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I agree to the following:\*

- I affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms of COVID-19, including, but not limited to, cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell WITHIN THE LAST 14 DAYS.
- I affirm that I, as well as all household members, do not have any pending COVID-19 test results.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 14 DAYS.
- I understand that Prescient Soccer LLC can be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each player.
- By signing below, I agree to each statement above and release Prescient Soccer LLC, and any and all participants in this event who can be proved to be truthful on this waiver from any and all liability for the unintentional exposure or harm due to COVID-19.

Please understand that failure to complete and sign this screening form will prevent your access to Prescient Soccer LLC Training Sessions.

By signing this screening form, you agree to participate in this process and to the release of provided information, in confidence, the Prescient Soccer LLC staff. This information is to be used solely for the purpose of determining risk as it relates to the current COVID-19 outbreak.

To the best of your knowledge, answers to questions provided above are truthful and accurate.

For those individuals eighteen (18) years of age and older:

**Participation's Name** (Print): \_\_\_\_\_

**Participant's signature:** \_\_\_\_\_ **Date** (mm/dd/yyyy): \_\_\_\_\_

For those individuals under the age of eighteen (18) years (minors):

**Parent/Guardian Name** (Print): \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** (mm/dd/yyyy): \_\_\_\_\_

