

Calumet Hockey Association
COVID-19 Consent to Participate & Waiver Form

I, the undersigned, being aware of my own health and physical condition, am participating in an on-site sports event.

By signing this form, I agree to the following:

- I will disclose any symptoms that I may experience connected to COVID-19 to the Calumet Hockey Association Board Representative, Mike Jukuri.
- If I am sick, I will stay home and will not participate in the event.
- If I am exposed to an individual DIAGNOSED with COVID-19, I will be required to self-quarantine for 14 days.
- I will practice social distancing while participating in the Calumet Hockey Associations events.
- I will utilize all personal protective equipment available to me, including hand sanitizer and masks.
- I will administer a health screening to myself and player prior to coming to the Colosseum or Gipp Arena.
- Per EEOC and federal guidelines, the Calumet Hockey Association may send me home from the hockey game or practice should I show symptoms of COVID-19, to include but not limited to:
 - Fever
 - Cough
 - Shortness of breath
 - Persistent pain or pressure in the chest
 - Bluish lips or face

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

I hereby certify that I am the adult parent or guardian of _____, a minor child under the age of eighteen years, and I consent to his/her participation in recreational activities at an ice skating rink (the "Rink") located at the Calumet Colosseum and operated and maintained by Calumet Township and Calumet Hockey Association. I hold harmless and agree to indemnify Calumet Township and Calumet Hockey Association, their officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer for or for which said minor child may be liable to any other person, related to said minor child's participation in recreational activities in the 2020-2021 Calumet Hockey Association's hockey season. I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form in relationship to COVID-19 prevention.

Hockey Participant (Print): _____

Name of Legal Guardian (Print): _____

Name of Legal Guardian (Signature): _____

Date: _____