Eugene Figure Skating Club Health Waiver Skater Name(s):_____

In consideration of being allowed to participate in any EFSC program-related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation in EFSC programs and activities includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, SARS and COVID-19. While particular rules and protocols as well as personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation and compliance; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as it regards to protection against infectious diseases, including following any and all protocols for handwashing, sanitization, mask-wearing, physical-distancing, and other safety-related protocols put in place. These terms and conditions include but are not limited to policies put forth by the EFSC, the facilities management, as well as state and local guidelines, ordinances, and mandates; and,
4. I accept that if I am unwilling to comply with such terms and conditions, I will not be allowed to participate in EFSC events and activities and may be asked to leave the event/activity facilities and will not be refunded any fees incurred for such events/activities; and,
5. If I observe any unusual or significant hazard(s) during my presence or participation, I will remove myself from participation and bring such matters to the attention of the nearest official immediately; and,
6. I agree that if I have or am beginning to experience fever, a new or worsening cough, or shortness of breath that I will voluntarily not initiate or continue participation in any EFSC programs, practices, or activities for a period of 72 hours following complete resolution of those symptoms.
7. I agree that if I have been in contact with anyone that has been diagnosed with Covid-19, I will not participate in programs, practices, or activities for a period of 14 days from the date of exposure;
8. I agree to monitor my temperature and inform the EFSC if I have a positive Covid-19 diagnosis; and,
9. I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS AND WAIVE ANY AND ALL CLAIMS related to contracting or being exposed to an infectious disease including but not limited to MRSA, influenza, SARS and COVID-19. I hereby release and hold harmless the EFSC, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), with respect to any and all illness, disability, death, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE related to contracting or being exposed to an infectious disease including but not limited to MRSA, influenza, SARS and COVID-19, to the fullest extent permitted by law.

I AGREE (parent/guardian signature): _____

PLEASE PRINT NAME: _____DATE: _____