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		INFORMATION	
Discour Name:			
Player Name:	Date:	Team/Activity:	
	son who is lab–confirm	ed to have COVID-19 in the past 14 days?	
Yes <u>No</u> If yes, what was the date of the last kno	wn close contact?		
COVID-19 DISCLOSURE,			
Are you exhibiting any of the following ne	ew or worsening sympt	oms of possible COVID-19?	
Cough Shortness of breath or d	ifficulty breathing		
Chills	incurry breathing		
Repeated shaking with cl	hills		
Muscle Pain	1115		
Headache			
Sore throat			
Loss of taste or smell			
Diarrhea			
Feeling Feverish or a me	asured temperature gre	eater than or equal to 100 degrees Fahrenheit	
Known close contact with	n a person who is lab co	onfirmed to have COVID-19	
Currently living with som	eone experiencing sym	ptoms of COVID-19	
None of the above/No Sy	mptoms		
Temperature certification:			
	mperature before arrivi	ing at the field today and it was less than 100° F	
Duty to Inform:	a in contact with come	ana who tostad positive within 14 days prior	
		one who tested positive within 14 days prior.	
-		s if I develop any of the above symptoms. If I	
test positive for COVID-19, I will no			
		rld Health Organization. COVID-19 is extremely contagio	
		, and local governments and health agencies recommend	social
distancing and have, in many areas, prohit	ited group activities.		
ITAA is taking steps to reduce the sprea	d of COVID-19: howeve	r, LTAA cannot guarantee that you or your child(ren) will	not
		could increase the risk of contracting COVID-19 .	not
By signing this agreement. I acknowledg	e the contagious nature	e of COVID-19 and voluntarily assume the risk that my chi	ld(ren)
		AA activity and that such exposure or infection may resul	
		and that the risk of becoming exposed to or infected by (
		others, including, but not limited to, LTAA volunteers, an	
participants and their families.			
I voluntarily agree to assume the forego	ing risks and accept sole	e responsibility for any injury to my child(ren) or myself (i	ncluding,
but not limited to, personal injury, disabili	ty, and death), illness, d	amage, loss, claim, liability, or expense, of any kind, that	l or my
		behalf, and on behalf of my children, I hereby release and	
covenant not to sue LTAA, its affiliated org	ganizations, employees,	volunteers, agents, and representatives, of and from the	2 Claims.
	SIGNATI		
Parent/Guardian Signature:		Date:	
Parent/Guardian Printed Name:			