**PAAC COVID-19 WAIVER**

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that PAAC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that PAAC cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, coaching staff, administrators and agents and representatives of PAAC.

I voluntarily seek services provided by PAAC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

By attending practice on any given day, I attest, on behalf of my child(ren) that prior to attending practice, they:

\* Are not experiencing any symptom of illness such as 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.
\* Have not traveled internationally within the last fourteen (14) days.
\* Have not traveled to any state within the United States of America identified by the Pennsylvania Department of Health as an area with high amount of COVID-19 cases as of the date of my return in the last fourteen (14) days. <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>

\* Have not travelled by bus, plane or train within the last fourteen (14) days.
\* Have not, to the best of my knowledge, been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
\* Have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
\* Are following all CDC recommended guidelines as much as possible and limiting their exposure to the Coronavirus/COVID-19.

If it is determined that my child(ren) is/are attending practice when one of the above statements is not true, I acknowledge that PAAC may refuse to allow my child(ren) to participate in practice on that day.

I hereby release and agree to hold PAAC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of PAAC, or that may otherwise arise in any way in connection with any services received from PAAC. I understand that this release discharges PAAC from any liability or claim that I, my heirs, or any personal representatives may have against the facility with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from PAAC This liability waiver and release extends to the facility together with all owners, partners, and employees.

PARENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWIMMER(S) NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: