

SSA COVID-19 Questionnaire (ALL QUESTIONS MUST BE ANSWERED)

1. Does your child have any of the following? (*you can mark "No to All" if you do not have any of the following*)
 - Fever (100.4° F [38.0° C] or greater)
 - Shortness of breath (not severe)
 - Cough
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - No to All of the Above

2. Are you ill, or caring for someone who is ill? Has your child been exposed to anyone that was ill in your care?
 - Yes
 - No

3. In the last two weeks, did your child:
 - Have contact with someone diagnosed with COVID-19?
 - Live in or visit a place where COVID-19 is spreading?

Waiver and Release of Liability

ACKNOWLEDGMENT OF RISK

I hereby acknowledge and agree that participation in membership activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with membership participation, including but in no way limited to (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with membership participation and that said list in no way limits the operation of this Agreement.

CORONAVIRUS/COVID-19 WARNING & DISCLAIMER

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in any Suwanee Sports Academy (SSA) program, or accessing, the SSA facility could increase the risk of contracting COVID-19. SSA in no way warrants that COVID-19 infection will not occur through participation in the facility.



WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

In consideration of my participation in SSA activities, I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE ACS Athletics dba Suwanee Sports Academy, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against SSA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of SSA facilities/equipment or participation in SSA whether that participation is supervised or unsupervised, however, the injury or damage occurs, including, but not limited to the negligence of Releases.

In consideration of my participation in membership, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releases from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my membership participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in membership participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in membership and that by signing this agreement I HEREBY RELEASE Releases from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in membership.

X _____ X _____ _____
Player/Participant Name (print) Parent/Guardian Name (print) Date

X _____ _____
Parent/Guardian Signature Date