**CITY OF ST. ANSGAR’S INFORMED CONSENT AGREEMENT FOR PARTICIPATION IN PARK AND REC SUMMER BALL**

Dear Parents/Guardians and Participants,

The City of St. Ansgar’s Park and Rec Board will be following the guidelines set for school athletics.

The St. Ansgar’s Park & Rec Board is taking reasonable measures to prevent the spread of infection. However, the possibility of transmission cannot be eliminated. Students and families must be aware of and acknowledge the risk before participating in activities.

By initialing and signing this Informed Consent Agreement, you acknowledge, accept and agree to the following   (Parent/Guardian and Participant Must Initial and Sign)

\_\_\_\_\_   \_\_\_\_\_   Participation in program is purely voluntary.

\_\_\_\_\_   \_\_\_\_\_   Neither myself nor my child will attend any activities if any of the following apply:

1. Any member of our household is exhibiting symptoms of illness, such as cough, fever, or shortness of breath.
2. Any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
3. Any member of our household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

\_\_\_\_\_   \_\_\_\_\_   I agree to immediately inform the City of St. Ansgar if any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

\_\_\_\_\_   \_\_\_\_\_   I am aware that myself and my child may be exposed to COVID-19 while participating. I understand that this exposure carries a risk infection, serious injury, or death.

\_\_\_\_\_   \_\_\_\_\_   My child is voluntarily participating in activities and I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

\_\_\_\_\_   \_\_\_\_\_   I forever release the City of St. Ansgar from any liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse, and legal representatives have, or may have in the future, related to participation in athletics.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY.

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SIGNATURE OF PARTICIPANT DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN DATE

PLEASE LIST ANY PRE-EXISTING CONDITIONS THAT YOUR PARTICIPANT HAS. (EX-ASTHMA, DIABETES)