Dear Athlete and if Athlete is a minor, Parent/Guardian,

The State of California recently announced that effective February 26, 2021, moderate-contact and high-contact youth, and adult recreational sports may resume, including competitions, if permitted by local health authorities and if in compliance with both Los Angeles County and State requirements for these sports.

The City of Lakewood, its officers, employees, and agents are taking reasonable measures to prevent the spread of COVID-19 infection, including tracking/tracing, and following applicable state and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Athletes and their families must be aware of and acknowledge the risks before participating in athletics.

By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to all the following (Athlete and, if the Athlete is a minor, Parent/Guardian Must Initial and Sign):

	Parent Initial:	Athlete Initial:
	Athlete has permission to p ching staff.	articipate in athletic meetings, practices, and competitions as directed by
	Parent Initial:	Athlete Initial:
	the Athlete nor Parent/Guang apply:	ardian will attend meetings, practice and/or competitions if any of the
A.	appear within the last 10 breath or difficulty breath vomiting, diarrhea, conge Parent/Guardian, if the A	per of their household is exhibiting one symptom(s) of COVID-19 first days: fever (at or over 100.4°F or 38°C) or chills, cough, shortness of hing, feeling tired, muscle or body aches, headache, sore throat, nausea or estion or runny nose, or new loss of taste or smell. The Athlete or thlete is a minor, will check Athlete's temperature at home prior to ices, and/or competitions; and Athlete will not attend if their temperature 8°C.
В.		per of their household has been diagnosed with COVID-19 or has a OVID-19 or pending COVID test.
C.		per of their household has spent time with another individual who has VID-19 or has a suspected diagnosis of COVID-19.
D.	The Athlete or any memb	per of their household is currently under isolation or quarantine orders.
	Parent Initial:	Athlete Initial:
tested p immedi of Lake informa consent body as	positive for COVID-19, the lately inform the City of Latewood must contact the Losation regarding the confirm to the City of Lakewood p	Athlete or Parent/Guardian, if the Athlete is a minor, agrees to kewood, its officers, employees, and agents acknowledges that the City Angeles County Department of Public Health (LACDPH) to provide ed positive test, including Athlete's name and contact information. I providing such information to LACDPH or any other the administrative of willingly cooperate with any contact tracing that is deemed necessary by d / or LACDPH.
	Parent Initial:	Athlete Initial:

 We are aware that the Athlete may be exposed to COVID-19 while participating in or attending meeting practices and/or competitions. We understand that this exposure carries a risk of infection, serious illustrated for both the athlete and their household members. 	
Parent Initial: Athlete Initial:	
 We acknowledge the City of Lakewood, its officers, employees, and agents, the Governor, State Department of Health, LACDPH, or other administrative body with authority the City of Lakewood, it officers, employees, and agents, may determine to cancel a competition or the season at any time. We acknowledge the City of Lakewood, its officers, employees, and agents, must comply with any manda issued by any entity with the authority over athletics and agree to comply with any such directives eve issued after signature to this agreement. 	also tes
Parent Initial: Athlete Initial:	
 Athlete and Parent/Guardian, if the Athlete is a minor, is/are aware that practices, games, spectating, a transportation will look different than prior years, including the need for physical distancing and the co and consistent use of face masks. We agree to comply with the direction provided by the coaching staf acknowledge that the failure to do so may result in the Athlete being refused participation at practice, competitions, and/or the entire sport season. 	orrect
Parent Initial: Athlete Initial:	
• Athlete is voluntarily participating in athletics. Athlete or Parent/Guardian, if the Athlete is a minor, as to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.	ŗrees
Parent Initial: Athlete Initial:	
I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM/WE ARE AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM/WE ARE SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE CITY OF LAKEWOOD, ITS OFFICERS, EMPLOYEES, AND AGENTS, ITS EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.	
Athlete Signature:	
Athlete Printed Name: Date:	
Parent Signature if the Athlete is a minor:	
Parent Printed Name: Date:	