

Pro-Ambitions Hockey, Inc.

COVID-19 PARTICIPATION ACKNOWLEDGMENT AGREEMENT

Community transmission of COVID-19 is occurring throughout the United States. In the coming months, more of the United States population could be exposed to COVID-19. In order to safeguard the participants in Pro Ambitions Hockey, Inc. (“PA”) [NAME OF CAMP] _____ (“Camp”), PA is taking precautions to reduce the chances of a Covid-19 infection of participants in the Camp. Parents whose children are participating in the Camp must review and sign this COVID-19 Participation Acknowledgment Agreement in order for their children to attend the Camp.

Having read and understood this COVID-19 Participation Acknowledgment Agreement, I acknowledge and agree to the following:

1. I have elected voluntarily to permit my child to participate in the Camp.
2. To the best of my knowledge, neither I nor any member of my immediate family, including the child/children who will be attending the Camp have been exposed to anyone who is exhibiting symptoms of or who has tested positive for COVID-19 within the past fourteen (14) days. I know of no medical reason why my child should not participate in the Camp. I have completed and fully submitted my healthcare forms as required by PA.
3. Within twenty-four (24) hours before my child and I attend the Camp, I will take my temperature and my participating child’s temperature using a thermometer. If my temperature or my child’s temperature is above 100.4°F, I will promptly report this temperature reading to PA staff.
4. On the day of the Camp and before my child enters the Camp, I agree to have my child’s temperature taken by PA staff or rink facility personnel. I understand that if my child’s temperature is above 100.4°F, my child will not be able to attend the Camp and will leave the Camp immediately.
5. I understand and agree that if another child in my child’s Camp group has a temperature above 100.4°F when the temperature is taken on any day of the Camp, then none of the children in the group will be able to attend the Camp.
6. I agree that I will not receive a refund for the cost of the Camp if I or my child am not able to participate. I may receive a credit toward a future PA camp in accordance with PA policies.
7. I agree to practice and instruct my child to practice social distancing while participating in the Camp. I will instruct my child to regularly wash his/her hands soon after touching surfaces, equipment and objects that others may have touched at the Camp.
8. I agree to leave the Camp and not return during the Camp if I or my child experiences, or is believed to be experiencing, any of these symptoms published by the CDC: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and/or new loss of taste or smell. (*See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>*).
9. I assume full responsibility for any liability, including personal injury, property damage, or death that I, my child or my property may sustain as a result of my participation in the Camp.

10. **Release from Liability.** I hereby agree, on behalf of myself, my child(ren), my heirs and my personal representatives or their heirs or personal representatives, to fully and forever discharge and release PA and its affiliates, and their respective owners, partners, agents, operators, managers, coaches, instructors, employees, and representatives (“Released Parties”) from any and all claims I or my child(ren) may have or hereinafter have for any illness, injury, temporary or permanent disability, death, damages, liabilities, expenses and or causes of action, now known or hereinafter known in any jurisdiction in the world, attributable or relating in any manner to my child’s participation at the Camp, whether caused by the negligence of PA or any of the Released Parties, or by any other reason. I acknowledge and agree that this COVID-19 Release and Waiver of Liability is intended to be, and is, a complete release of any responsibility of the Released Parties for any and all illness (including COVID-19 or other communicable disease or illness), personal injuries, temporary or permanent disability, death and or property damage sustained by me or my child while attending and or participating in the Camp.

11. This COVID-19 Participation Acknowledgement Agreement will be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts without giving effect to the principles of conflicts of law of such commonwealth. I agree that any action arising out of this COVID-19 Participation Acknowledgement Agreement must be brought exclusively in a state or federal court located in Suffolk County, in the Commonwealth of Massachusetts.

PARENT OR GUARDIAN SIGNATURE REQUIRED:

ADULT:

By: _____
(Signature)

Name: _____
(Please print)

Date: _____

PARENT OR GUARDIAN (for minor child(ren))

By: _____
(Signature)

and on Behalf of Child(ren)

Name: _____
(Please print)

Child Name

Date: _____

Child Name

Child Name