

Example of an Informed Consent

NOTE: The example of an informed consent form below is solely intended to provide one example of what could be included in a consent form for youth and adult athletes participating in moderate-contact and high-contact sports. This includes (1) an acknowledgement of the risks associated with participating in sports activities during a pandemic and (2) an acknowledgement of the Team's COVID-19 safety protocols, including the need to screen for symptoms prior to participating in any team activities. Persons operating and administrating youth and adult sports teams and leagues should consult their legal counsel prior to implementing any informed consent process.

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 Pasadena and State requirements for these sports.

[Team] is taking reasonable measures to prevent the spread of COVID-19 infection, including tracking/tracing, and following applicable state and City 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):

- Participation in athletics is purely voluntary.

Parent Initial: _____ Athlete Initial: _____

- Youth Athlete has permission to participate in athletic meetings, practices, and competitions as directed by the coaching staff.

Parent Initial: _____ Athlete Initial: _____

- Neither the Athlete nor Parent/Guardian will attend meetings, practice and/or competitions if any of the following apply:

- A. The Athlete or any member of their household is exhibiting one symptom(s) of COVID-19 first appear within the last 10 days: fever (at or over 100.4°F or 38°C) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. The Athlete or Parent/Guardian, if the Athlete is a minor, will check Athlete's temperature at home prior to attending meetings, practices, and/or competitions; and Athlete will not attend if their temperature is at or over 100.4°F or 38°C.
- B. The Athlete or any member of their household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID test.
- C. The Athlete or any member of their household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
- D. The Athlete or any member of their household is currently under isolation or quarantine orders.

Parent Initial: _____ Athlete Initial: _____

- Parent/Guardian will not attend practice and/or competitions if restricted by current State and Pasadena Health Orders. Parent Initial: _____ Athlete Initial: _____

- If the Athlete tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19, the Athlete or Parent/Guardian, if the Athlete is a minor, agrees to immediately inform

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[Team Officials] and acknowledges that the [Team Officials] must contact the Pasadena Public Health Department (PPHD) to provide information regarding the confirmed positive test, including Athlete's name and contact information. I consent to the [Team] providing such information to PPHD or any other the administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the [Team Officials] and / or PPHD.

Parent Initial: _____ Athlete Initial: _____

- We are aware that the Athlete may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious illness, or death for both the athlete and their household members.

Parent Initial: _____ Athlete Initial: _____

- We acknowledge [Team], the Governor, California Department of Health, PPHD, or other administrative body with authority over [Team] may determine to cancel a competition or the season at any time. We also acknowledge [Team] must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this agreement.

Parent Initial: _____ Athlete Initial: _____

- Athlete and Parent/Guardian, if the Athlete is a minor, is/are aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for physical distancing and the correct and consistent use of face masks. We agree to comply with the direction provided by the coaching staff and acknowledge that the failure to do so may result in the Athlete being refused participation at practice, competitions, and/or the entire sport season.

Parent Initial: _____ Athlete Initial: _____

- Athlete is voluntarily participating in athletics. Athlete or Parent/Guardian, if the Athlete is a minor, agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

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 [TEAM], 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: _____