

Covid-19 Liability Waiver

| name: | Date: |
|---|---|
| Email: | Phone: |
| Organization/Team: | |
| Time Slot: | Activity: |
| I acknowledge the contagious nature of the Corona | avirus/COVID-19 and that the CDC and other public health |
| authorities recommend practicing social distancing | g. I further acknowledge that the Midstate Youth Hockey |
| Association (MYHA) & Midstate Athletic Communit | ty Center (MACC) has put in place preventative measures to |
| reduce the spread of the Coronavirus/COVID-19, b | ut that MACC & MYHA cannot guarantee that I will not become |
| infected with Coronavirus/Covid-19. I understand t | that the risk of becoming exposed to and/or infected by the |
| Coronavirus/COVID-19 may be possible and I volur | ntarily seek to participate in activities provided by MACC & |
| MYHA. I acknowledge that I must comply with all s | et policies and procedures to reduce the spread of |
| Coronavirus/Covid-19 at all times while present on | Midstate property. |
| <u>l attest that</u> : | |
| * I am not experiencing any Covid-19 related symp | itoms. |
| * I do not believe that I have been exposed to som | eone with a suspected and/or confirmed case of Covid-19. |
| * I have not tested positive for Covid-19 within the | e past 14-days. |
| I hereby release the Midstate Youth Hockey Associa | ation (MYHA), Midstate Athletic Community Center (MACC) and |
| its representatives, directors and employees from, | and waive on behalf of myself, my heirs, and any personal |
| representatives from any liability or claim that I, m | y heirs, or any personal representatives may have against the |
| organization with respect to any bodily injury, illne | ss, death, medical treatment, or property damage that may |
| arise from, or in connection to, any participation in | activities at the Midstate Athletic Community Center (MACC). |
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Participant Signature or Parent/Guardian Signature: