

**METCALF STUDENT ATHLETE
FALL 2021 COVID-19 ACKNOWLEDGEMENT OF RISK**

Student Name: _____

Team/Sport: _____

Coach: _____

Location: _____

The novel coronavirus, COVID-19, continues to be a highly infectious, life-threatening disease. COVID-19's highly contagious nature, particularly with new strains of the virus like the Delta variant, means that exposure, especially through contact with others, can lead to infection.

Illinois State University and the Laboratory Schools cannot guarantee a risk-free environment.

The risk of COVID-19 infection impacts all regular, daily activities of the Laboratory Schools (e.g. academic instruction, athletic events, extra-curricular activities, etc.), all Laboratory School facilities and all aspects of University operations.

While acknowledging that it is impossible to prevent or fully mitigate the risk of COVID-19 infection, in order to reduce risk for Illinois State University students, faculty and staff, and members of the community the University and Laboratory Schools have put in place the following COVID-19 safety mitigation measures. These measures may be updated or modified as circumstances evolve.

I acknowledge and understand the following potential risks associated with my student's voluntary participation in the Metcalf Fall 2021 Athletic Program(s) (initial next to each for consent):

_____ I acknowledge the contagious nature of COVID-19 and that my child could be at risk of contracting COVID-19 by participating in athletics, including but not limited to: strength and conditioning training, athletic training services, athletic practice, team meetings/activities, team travel (meals, lodging,) or other activities. Potential exposure or infection to COVID-19 may result in injury, illness, or unforeseeable dangers to my child and others.

_____ I understand COVID-19 is a highly contagious virus and it is possible even when Illinois State University and Metcalf practices all the appropriate safety precautions, there is a risk of exposure to COVID-19 or other infectious illness or disease.

_____ I understand that as of July 27, 2021, IDPH/CDC have required all students and staff in K-12 schools to wearing a face covering on school grounds as required by the Laboratory Schools unless covered by an exception. Metcalf will follow sport-specific face covering guidelines as established by IDPH, ISBE, and IESA.

_____ I understand Metcalf may participate in on-site COVID-19 testing through the University of Illinois SHIELD Program or require proof of testing from an external medical provider. Testing, even in some circumstances for vaccinated students, may be required for students to participate in athletic events, practices, games, and other team activities.

_____ I acknowledge that the risk to my child of becoming exposed to or infected by COVID-19 during the Metcalf athletic program could be impacted by my child's personal circumstances or health conditions, or other the actions of other individuals, including but not limited to the actions, omissions, or negligence of myself, others, Laboratory School employees, volunteers, athletic program participants, and their families. In addition, should my child be exposed or contract COVID-19, there is a risk of transmitting the disease to other individuals, including family members, close contacts and other members of the public.

_____ I certify that my child is capable of participating in athletics, has completed the Metcalf Emergency Information/Permission to Treat Form and that all health and insurance information provided in the system is current.

_____ I agree my child will comply with all Laboratory School guidance, procedures, and/or policies, the Center for Disease Control and Prevention guidelines and travel guidelines for travel, <http://wwwnc.cdc.gov/>, as well as any notices issued by the U.S. Department of State, <http://www.state.gov/travel> and applicable state or federal guidance including those issued by the Illinois High School Association, the Illinois State Board of Education, Illinois Department of Public Health and the Governor of Illinois.

I acknowledge and agree to the following requirements and expectations for participation (initial next to each for consent):

_____ I acknowledge I and my child agree to abide by all Metcalf, IHSA, ISBE, IDPH guidelines and requirements.

_____ I voluntarily and knowingly decided to allow my child to participate in the Metcalf Fall 2021 athletic program, with a full understanding of the risks, currently known or unknown, related to COVID-19, and I knowingly and voluntarily agree to assume such risks on behalf of myself, my child, my heirs, successors and assigns.

_____ I have read and fully understand this document. I understand and agree this document does not replace but, rather, supplements any previous releases I have executed related to my participation in high school athletics. I am aware this document includes an assumption of risk. I acknowledge I have been given a sufficient amount of time to review this document and to obtain legal advice at my own expense if I so elect, before signing it, and I fully understand the meaning and intent of this document.

Signature of Parent (if under 18)

Date