

# CALIFORNIA ZOROASTRIAN CENTER

## Covid-19 Informed Consent



Dear Participant and if Participant 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.

California Zoroastrian Center is 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 (Participant and, if the Participant is a minor, Parent/Guardian Must Initial and Sign):

- Participation in athletics is purely voluntary.

Parent Initial: \_\_\_\_\_ Participant Initial: \_\_\_\_\_

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

Parent Initial: \_\_\_\_\_ Participant Initial: \_\_\_\_\_

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

A. The Participant 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 Participant or Parent/Guardian, if the Participant is a minor, will check Participant's temperature at home prior to attending meetings, practices, and/or competitions; and Participant will not attend if their temperature is at or over 100.4°F or 38°C.

B. The Participant 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 Participant 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 Participant or any member of their household is currently under isolation or quarantine orders.

Parent Initial: \_\_\_\_\_ Participant Initial: \_\_\_\_\_

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

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Center must contact the Los Angeles County Department of Public Health (LACDPH) to provide information regarding the confirmed positive test, including Participant's name and contact information. I consent to the California Zoroastrian Center providing such information to LACDPH 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 California Zoroastrian Center and / or LACDPH.

Parent Initial: \_\_\_\_\_ Participant Initial: \_\_\_\_\_

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

Parent Initial: \_\_\_\_\_ Participant Initial: \_\_\_\_\_

- We acknowledge California Zoroastrian Center, the Governor, State Department of Health, LACDPH, or other administrative body with authority over California Zoroastrian Center may determine to cancel a competition or the season at any time. We also acknowledge California Zoroastrian Center 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: \_\_\_\_\_ Participant Initial: \_\_\_\_\_

- Participant and Parent/Guardian, if the Participant 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 Participant being refused participation at practice and competitions, and/or the entire event.

Parent Initial: \_\_\_\_\_ Participant Initial: \_\_\_\_\_

- Participant is voluntarily participating in the events. Participant or Parent/Guardian, if the Participant 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 CALIFORNIA ZOROASTRIAN CENTER, ITS EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.

Participant Signature: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature if the Participant is a minor: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_