



JAMES WADE
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Cloverdale Athletics Summer 2020 Assurance Form

By affixing our signatures to this form, we are providing assurance that we will monitor the health of our student-athlete prior to sending him/her to any athletic practices held by our school corporation during Phases one and two (July 6 through August 14) of the Return to Play Protocols from Indiana Department of Education and the IHSAA. Such monitoring will include checking for any symptoms of respiratory illness that could be related to COVID-19, including fever, persistent cough, sore throat, chills, etc. We assure that we will not send our student-athlete to practice if he/she is exhibiting any symptoms of respiratory illness, including fever.

Furthermore, we understand that if our student athlete is experiencing any UNEXPLAINED symptoms related to COVID-19, he/she will not be allowed to return to participation until:

- ✿ They have not had a fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers); and
- ✿ Other symptoms have improved (for example, when your cough or shortness of breath have improved); and
- ✿ At least 10 calendar days have passed since your symptoms first appeared.

We acknowledge that we have been provided a copy of the Cloverdale Athletics Responsible Restart and have read and understand the information contained within.

We further acknowledge that all summer activity is completely VOLUNTARY. We understand that any student-athlete, or parent of a student-athlete, who does not feel that it is in the student athlete's best interest to participate is free to exclude the student-athlete from any and all workouts, practices, etc.

We understand that exposure to COVID-19 is a risk in any setting and our voluntary participation serves as an assumption of risk. We covenant not to sue, and assure that we will not hold the school corporation responsible for any illness that may occur.

Parent/Guardian Signature

Date

Student-Athlete Signature

Date

