

TOMS RIVER REGIONAL SCHOOL DISTRICT
Athletic Waiver and Release of Liability Form
Related to COVID-19

Governor Philip D. Murphy issued Executive Order 149 on May 29, 2020, permitting sporting activities, including organized sports, to resume on June 22, 2020. High School sporting activities under the jurisdiction of the New Jersey Interscholastic Athletic Association (NJSIAA) must abide by NJSIAA protocols, which shall consider NJDOH guidance. Per Executive Order No. 149 (2020), NJSIAA activities may not resume before June 30, 2020.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and believed to spread mainly from person - to - person through contact and/or close proximity. As a result, federal, state, and local governments and federal and state health agencies recommend social and physical distancing, wearing a mask, limiting physical contact, and have, in many locations, prohibited the congregation of large groups of people.

The New Jersey Department of Health has issued guidance for sports activities which are attached for your convenience.

Toms River Regional School District (“TRRS”) has implemented protective measures and protocols aimed at reducing the likelihood of spread of COVID-19. These measures and protocols are designed to be consistent with current guidance from the U.S. Centers for Disease Control (“CDC”) and the New Jersey Department of Health. The measures, however, cannot guarantee that you, your children, or any other person, will not become infected with COVID-19. Further, attending TRRS sponsored activities could increase your risk and your child or children's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and knowingly and voluntarily assume the risk that my child or children, members of my immediate family, and I may be exposed to or infected by COVID-19 by participating in or attending TRRS athletic activities, including by not limited to practices and games, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at TRRS athletic activities may result from the actions, omissions, or negligence of myself and others including but not limited to TRRS participants and their families.

The undersigned understands that this Waiver and Release discharges TRRS from any liability or claim that the undersigned may have against TRRS with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the undersigned’s participation in or attending TRRS athletic activities, whether caused by the undersigned or by the negligence of TRRS or its officers, volunteers, or otherwise. However, TRRS and the

undersigned understand that TRRSB is not released from liability for harm incurred by the undersigned which results from TRRSB's intentional, reckless or gross negligent conduct.

The undersigned understands that TRRSB does not assume any responsibility for any of the foregoing risks and for any injury to my child or children, member of my immediate family or myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I, member of my immediate family, or my child or children may experience or incur in connection with my child or children's participation in or attendance at TRRSB athletic activities.

After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold-harmless the Toms River Regional School District and its board of education members, administrators, employees, contractors and vendors from and against, all claims and liability resulting from exposure to disease-causing organisms and objects, such as COVID-19, associated with me either participating in or attending as a spectator any athletic activity. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of TRRSB and its officers and volunteers, whether a COVID-19 infection occurs before, during, or after participation in or attendance at a TRRSB athletic activity.

On my behalf and on behalf of members of my immediate family and my child or children, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify TRRSB and its Board of Education members, administrators, employees, contractors, vendors and volunteers, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Parent/Guardian Signature

Parent/Guardian Name

Date

Student Signature

Student Name

Date

COVID-19 Screening

Questionnaire & Attestation

Parent/Guardian's Name: _____

Student's Name: _____

Date: _____

Was student's temperature higher than 100.4 prior to arrival at practice/game?

YES NO

Has the student experienced any of the following within the last 14 days?:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A fever, which is a temperature of 100.4°F or higher? |
| <input type="checkbox"/> | <input type="checkbox"/> | A cough (that is new or out of the ordinary)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath or difficulty breathing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Sore throat (that is new or out of the ordinary)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Body aches or muscle pain (that is new or out of the ordinary)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Chills? |
| <input type="checkbox"/> | <input type="checkbox"/> | New loss of taste or smell? |
| <input type="checkbox"/> | <input type="checkbox"/> | Unexplained fatigue? |
| <input type="checkbox"/> | <input type="checkbox"/> | Headache (that is new or out of the ordinary)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Congestion or a runny nose |
| <input type="checkbox"/> | <input type="checkbox"/> | Nausea or vomiting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea? |

- Is the student feeling sick? Has the student felt sick over the last 14 days?
- Is the student experiencing any other flu-like symptoms?
- Has the student experienced any flu-like symptoms over the last 14 days?
- In the past 14 days, has the student been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since the student's contact?
- In the past 14 days, has the student been in close proximity to anyone who has tested positive for COVID-19?
- Has the student been tested for COVID-19 and awaits the rest results?
- Has the student tested positive for COVID-19 or is the student presumptively positive for COVID19 based on a medial professional's assessment?
- In the past 14 days, has the student been on a commercial flight or traveled outside of the United States?
- In the past 14 days, has the student been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ ***Date***_____

Student Signature: _____ ***Date***_____