



COVID-19 Self-Checklist

- Have you had a **Fever** (temperature over 100.3F) without having taken any fever reducing medications in the last 24 hours?
- Do you have a **Loss of Smell or Taste?**
- Do you have a **Cough?**
- Do you have **Muscle Aches?**
- Do you have a **Sore Throat?**
- Do you have **Shortness of Breath?**
- Do you have **Chills?**
- Do you have a **Headache?**
- Have you experienced any gastrointestinal symptoms such as **nausea/vomiting, diarrhea, loss of appetite?**
- Have you, or anyone you have been in close contact with, been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

If you answered YES to any of these questions then you may NOT attend your scheduled lacrosse activity. You must remain home and contact your health care provider, before being able to return.



WAIVER/RELEASE/ASSUMPTION OF RISK FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate in programs, related events, or activities offered by Lax Plus LLC, including the right to enter Lax Plus's premises, or access its fields, the undersigned acknowledges, appreciates, understands, and agrees that:

1. Participation includes possible exposure to, and illness from, infectious diseases including but not limited to MRSA, influenza, and COVID-19 (collectively "Infectious Diseases"). While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. Lax Plus cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading Infectious Diseases while participating in Lax Plus's programs or accessing its premises or fields. It is not possible to prevent against the presence of Infectious Diseases. Therefore, if you choose to utilize services or enter into Lax Plus's premises or fields, you may be exposing yourself to Infectious Diseases and or increasing your risk of contracting or spreading Infectious Diseases;
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against Infectious Diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation, and bring such to the attention of the nearest Lax Plus official immediately;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY LAX PLUS, LLC, their officers, directors, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the programs ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law;
5. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS PERTAINING TO INFECTIOUS DISEASES, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
6. I certify if at any time following the execution of this release, myself or my child(ren) (1) experience any symptoms of COVID-19, (2) have come in contact with any individual who tested positive for COVID-19, (3) have tested positive for COVID-19, or (4) have traveled outside the United States within the last 14 days, that I and or my child(ren) will abstain from participating in all Lax Plus activities and will not under any circumstance travel to the premises for at least Fourteen (14) days. Furthermore, I certify that if myself or my child(ren) have been diagnosed with COVID-19 that I will not return to the premises until after at least Fourteen (14) days have elapsed from diagnosis and myself or my child(ren) have tested negative for COVID-19.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

I HAVE READ THIS WAIVER/RELEASE/ASSUMPTION OF RISK FOR COMMUNICABLE DISEASES INCLUDING COVID-19, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. *