



SKATING CLUB OF NEW HARTFORD

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

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

The Skating Club of New Hartford (“the Club”) and the New Hartford Recreation Center (“the Rink/Town”) have put in place preventative measures to reduce the spread of COVID-19; however, the Club and the Rink/Town cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Club or the Rink could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and the Rink/Town and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club and the Rink/Town may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, Town and Rink employees, Club volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Club/Rink or participation in Club programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, the Town, the Rink and all their employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, the Town or the Rink, and their employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Club Participant(s)

P.O. Box 152
New Hartford, New York
13413

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AFFIRMATION UPON ENTRY TO SCNH ICE at the New Hartford Recreation Center
Covid-19 Symptoms/Screening Affirmation

- I agree and affirm I will wear a facemask at all times while inside the facility when not actively skating.
 - I agree and affirm I will maintain a 6 foot social distance from other individuals whenever possible.
 - I affirm that I do **NOT** have a fever (temperature over 100.4 degrees F) without having taken any fever reducing medications.
 - I affirm I do **NOT** have any for the following symptoms **WITH AN UNKNOWN** cause (e.g. not due to asthma, COPD, chronic sinusitis, etc.):
 - - Cough (new or worsening)
 - - Shortness of Breath (new or worsening)
 - - Troubled Breathing (new or worsening)
 - - Fever
 - - Chills
 - - Muscle Pain (new or worsening)
 - - Headache (new or worsening)
 - - Sore Throat (new or worsening)
 - - New Loss of Taste
 - - New Loss of Smell
- Note: A few of the above symptoms may occur with pre-existing medical conditions, such as allergies or migraines. You should only answer "Yes" if your symptoms are new or worsening.

- I affirm that I, nor any family member living with me, has been exposed to someone confirmed to have COVID-19 in the past 14 days.
- I affirm that I have not tested positive for COVID-19 through a diagnostic test in the past 14 days?
- I affirm that I have not traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days?
 - Note: For a list of states currently under New York's travel advisory requiring a 14-day quarantine upon return, please visit: <https://coronavirus.health.ny.gov/covid-19-travel-advisory#restricted-states>

Upon signing this Affirmation, I acknowledge and pledge I will not enter the New Hartford Recreation Center to participate in Skating Club of New Hartford ice sessions if I cannot affirm that all of the above are true.

Skater(s) Name(s) _____

Adult Skater/Parent/Guardian Signature _____

Adult Skater/Parent/Guardian Print Name _____

Date _____