

ORVC Summer 2020 Athletics 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 July 2020. 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 symptoms related to COVID-19, he/she will not be allowed to return to participation until he/she is completely symptom free for 72 hours without medication, or can show proof of a negative COVID-19 test, or a medical release from a medical provider.

We acknowledge that we have been provided a copy of the **ORVC Summer 2020 Athletic Guidelines** 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 our voluntary participation serves as an assumption of risk and assure that we will not hold the school corporation responsible for any illnesses that may occur.

Parent/Guardian Signature

Date

Student-Athlete Signature

Date