



COUNTY OF LOS ANGELES PUBLIC HEALTH ORDER OF THE HEALTH OFFICER

Attachment A: Informed Consent Form

Dear Athlete,

The State of California recently announced that effective February 26, 2021, moderate-contact and high-contact youth and adult recreational sports may resume, including competitions, if permitted by local health authorities and if in compliance with both Los Angeles County and State requirements for these sports.

Adult Sports Management is taking reasonable measures to prevent the spread of COVID-19 infection, including tracking/tracing, and following applicable state and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Athletes and their families, guests, spectators, must be aware of and acknowledge the risks before participating in athletics.

By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to all the following (Athlete and, if the Athlete is a minor, Parent/Guardian Must Initial and Sign):

- Participation in athletics is purely voluntary.

Athlete Initial: _____

- The Athlete will not attend meetings, practices and/or competitions if any of the following apply:
 - A. The Athlete or any member of their household is exhibiting one symptom(s) of COVID-19 that first appeared within the last 10 days: fever (at or over 100.4°F or 38°C) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. The Athlete or Parent/Guardian, if the Athlete is a minor, will check Athlete's temperature at home prior to attending meetings, practices, and/or competitions; and Athlete will not attend if their temperature is at or over 100.4°F or 38°C.
 - B. The Athlete or any member of their household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID-19 test.
 - C. The Athlete or any member of their household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
 - D. The Athlete or any member of their household is currently under isolation or quarantine orders.

Athlete Initial: _____

- If the Athlete tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19, the Athlete agrees to immediately inform their

captain and Adult Sports Management staff, and acknowledges that Adult Sports Management must contact the Los Angeles County Department of Public Health (LACDPH) to provide information regarding the confirmed positive test, including Athlete's name and contact information. I consent to Adult Sports Management providing such information to LACDPH or any other the administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by Adult Sports Management and / or LACDPH.

Athlete Initial: _____

- We are aware that the Athlete may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious illness, or death for both the athlete and their household members.

Athlete Initial: _____

- We acknowledge Adult Sports Management, the Governor, State Department of Health, LACDPH, or other administrative body with authority over the Adult Sports Management may determine to cancel a competition or the season at any time. We also acknowledge Adult Sports Management must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this agreement.

Athlete Initial: _____

- Athlete is voluntarily participating in athletics. Athlete agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

Athlete Initial: _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE ADULT SPORTS MANAGEMENT, ITS EMPLOYEES, VOLUNTEERS, SPECTATORS, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.

Athlete Name (print): _____

Athlete Signature: _____ Date: _____



ADULT SPORTS MANAGEMENT RELEASE OF LIABILITY WAIVER FORM

I have elected to participate in Adult Sports Management, Inc. (ASM) [including any subsidiary companies] events. I acknowledge that participation in any sport involves risk of injury. Therefore, I release and hold harmless ASM and any City in which I participate in a game, tournament, scrimmage, or practice sanctioned by ASM or any affiliate association involved in ASM activities, from the liability or responsibility from any injury I may sustain in ASM and related events and activities. The undersigned:

1. Agrees that before participating, I will inspect the facilities and equipment to be used, and if I believe anything to be unsafe, I will immediately advise my coach or representative of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that by participating or spectating, I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability, death or severe social and economic losses.
4. Releases, waives, discharges and covenants not to sue ASM, its affiliates, their respective administrators, directors, agents, coaches, referees, spectators, and any other employees, contractors or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are herein after referred to as "releasees" from demands, losses or damages on account of the injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. Understands that ASM does not maintain liability insurance for bodily injury, liability for loss or damage to personal possessions, or your spectators, but that such insurance is the responsibility of said player, coach or spectator. Furthermore, ASM is not responsible for players injured while setting up or taking down equipment, including, but not limited to soccer goals.
6. Agrees if they are serving as team manager, they are responsible for making sure all persons playing on their team are registered with the league. The team manager will be held liable for using illegal players who have not registered with the league.
7. Is at least 18 years of age.
8. Agrees that should pictures and/or video be taken during any event, I do hereby give permission for myself to

be included in picture(s), likeness, image and/or voice in a videotape or publication promoting ASM. I also understand that I will not receive any additional compensation for said photos and/or video.

Adult Sports Management (ASM) is open to players over the age of 18, regardless of race/ethnicity, religion, and/or sexual orientation. ASM and its coordinators reserve the right to refuse entry or membership to anyone for any reason. ASM and its coordinators maintain the right to dismiss/excuse players and/or teams for violations of ASM rules and will make determinations about these consequences on a case-by-case basis, and could include expulsion from the ASM.

THE UNDERSIGNED HAS READ THE WAIVER AND RELEASES LIABILITY; UNDERSTANDS THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT VOLUNTARILY. THE PLAYER FURTHER AGREES BY SIGNING THIS WAIVER, TO ABIDE BY ALL CURRENT ASM RULES.

Name (print) _____ Birthdate: _____

Address: _____

City _____ State _____ Zip _____

Email _____ Cell: _____

Athlete Signature: _____ Date: _____

Team(s): _____