

The Map Sports Facility

COVID-19 Liability Release Waiver



Name: _____ Date: _____

Address: _____

Phone #: _____

Email: _____

Emergency Contact: _____ Phone #: _____

Waiver of Liability, Assumption of Risk, and Emergency Contact

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), the Map Sports Facility is taking extra precautions with the care of every participant and client to include health history review and enhanced sanitation/disinfection procedures in accordance with the California Department of Health guidance.

Symptoms of COVID-19 include:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Blush lips or face

By initialing, I agree to the following statements:

x_____ I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS.

x_____ I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

x_____ I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

x_____ I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 30 DAYS.

x_____ I understand that The Map Sports Facility, LLC cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

X_____ I understand that failure to comply with these written instructions, posted instructions located on the facility property or verbal instructions from staff and employees may result in my removal from the premises.

X_____ I understand that I must notify The Map Sports Facility if there is a change or update to the conditions of any of these statements or if I, as well as household members, have been exposed to or diagnosed with COVID-19.

The Map Sports Facility is following these enhanced procedures to prevent the spread of COVID-19:

- Requiring all individuals (participants, spectators, parents, guardians, employees, and staff) to utilize either surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to yourself or others.
- Requiring a minimum distance of six feet between all individuals enforced with visible markers located throughout the facility.
- Requiring each participant to wash or sanitize hands upon arrival and before leaving.
- Requiring employees to thoroughly clean hands and wear gloves.
- Frequently and thoroughly cleaning all regularly touched surfaces with disinfectant before, after and during use according to the manufacturer's directions.

By signing below, I agree to each statement above and release The Map Sports Facility, LLC from any and all liability for the unintentional exposure or harm due to COVID-19.

Signature: _____ Date: _____