

**MID-SOUTH CONFERENCE
2020-21 COVID-19 ASSUMPTION OF RISK**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and is spread mainly from person-to-person contact. An individual can be infected with COVID-19 without their knowledge and be asymptomatic. The Mid-South Conference and its members have developed guidelines and procedures to help reduce the spread of COVID-19. However, it cannot be guaranteed that I or anyone else will not become infected with COVID-19, including officials, staff, and spectators. Participation in MSC sponsored events could increase the risk of contracting COVID-19. By signing this agreement, I **ACKNOWLEDGE** the contagious nature of COVID-19 and **VOLUNTARILY ASSUME THE RISK** that I may be exposed to or infected by COVID-19 while participating in MSC sponsored events at my institution or other member institutions. **I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL** the foregoing risks related to COVID-19 and accept sole responsibility for any illness that may occur. **I hereby agree to INDEMNIFY AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage, or cost that may incur arising out of or related to my illness or death. **I AGREE TO COMPLETE** the educational training provided by the conference and athletics departments and adhere to the recommendations within the training collected from the CDC to include, but are not limited to:

1. Proper general hygiene (<https://www.cdc.gov/healthywater/hygiene/body/index.html>)
2. Proper handwashing techniques (<https://www.cdc.gov/handwashing/when-how-handwashing.html>)
3. Use of hand sanitizer when handwashing is unavailable
4. Proper use of personal protective equipment (gloves, masks, and/or eye protection)
5. Not sharing any personal items (towels, soaps, brushes, clothes, water bottles, make up, lip balm, etc.).

I WILL report any possible COVID-19 exposure and/or symptoms to the athletic training department at my institution or notify the designated official for my sport if traveling.

Printed Name: _____

Signature: _____

Date: _____

I understand that the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** prohibits my medical/health information from being shared. In the interest of the health of my teammates, opponents, and others I may have had contact with, I authorize the Mid-South Conference and its member institutions to disclose to relevant parties that I have displayed COVID-19 symptoms, have tested positive for COVID-19, or have been exposed to the virus through close contact with someone believed to have the virus.

In disclosing this information, the Mid-South Conference and its member institutions will take reasonable measures to keep my identity confidential to the extent possible, though I recognize that circumstances may require identifying me as the infected or exposed individual in order to properly warn others so they may take precautionary measures and help prevent furthering the spread of the virus, and that there may be times when it is not possible to warn others they may have been exposed to the virus without them learning it was through contact with me.

Printed Name: _____

Signature: _____

Date: _____