

Sierra College Community Education Youth Sports Camps COVID-19 Policies, Acknowledgement, Assumption of Risk, & Waiver

COVID-19 Policies & Guidelines for Practicing & Activities

1. Any camper that is sick or has been in contact with anyone who may be sick with COVID-19 should NOT participate in camp activities.
2. Anyone diagnosed with COVID-19 must self-report and avoid attending camp (prorated refunds will be offered if camper needs to quarantine due to illness or exposure).
3. If a physician has ordered a COVID-19 test for anyone in camper's household, he/she should not participate until the test result has been confirmed.
4. Anyone who is experiencing atypical symptoms (such as fever, cough, shortness of breath, headache, body aches, unexplained rash, nausea, vomiting, loss of taste, or have any other symptoms) should consult their physician or medical personnel and refrain from attending camp activities.
5. All reporting should be done immediately in writing via email to the Community Education program office at: **communityeducation@sierracollege.edu**
6. All campers, parents, coaches, and family members must wear a mask while inside campus facilities, including the gym. During outdoor camps, campers must wear a mask when using restrooms or entering a locker room.
7. Spectators, including families, will not be allowed during camp activities.
8. Campers should come with a full water bottle. There are no drinking fountains.
9. Sierra College may revise its protocols and policies at any time based on updated guidance by public health agencies.
10. All families should refer to the Center for Disease Control website and/or local government agencies to help understand COVID-19, its risks, and how to slow the spread of this virus.

Acknowledgement & Assumption of Risk

Sierra College has established preventative policies and measures to reduce the spread of COVID-19; however, we cannot guarantee that you, your children, or your family will not become exposed to or infected by COVID-19. Further, you may be increasing your risk by attending sports camp activities. By registering for the camp and signing the Sierra College volunteer participation high-risk activity waiver, you voluntarily assume the risk that you, your children, or your family may be exposed to or infected by COVID-19 and you agree to release Sierra College of any and all liability related to COVID-19.



Student/Volunteer Participation in a Class/Activity Permission (1),
Assumption of Risk, Hold Harmless, Indemnity, and Release of Liability (2),
Medical Treatment Authorization (3)

Student/Volunteer Name: _____ and Student ID #: N/A

hereby requests participation in the following college class/activity: _____

Class/Activity Title: _____ Course Reference #: _____ Instructor: _____

Year: _____ Term (Check One): Fall Spring Summer

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN THE ABOVE CLASS/ACTIVITY, I CONFIRM THAT I HAVE CAREFULLY READ THIS FORM WHICH EXPLAINS THE RISKS I AM ASSUMING BY PARTICIPATING IN THE CLASS/ACTIVITY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE SIERRA JOINT COMMUNITY COLLEGE DISTRICT GENERAL SERVICES OFFICE AT (916)660-7623.

(1) Assumption of Risks:

I understand that the above-listed class/ activity, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but may involve minor injury, major injury, and 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, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. **I understand and appreciate the risks that are inherent in the class/activity. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the class/ activity is voluntary and that I knowingly assume all such risks. I recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations, but understand that I am ultimately responsible for my own safety, and I agree to abide by all rules and regulations governing the class/activity.**

(2) Hold Harmless, Indemnity and Release:

In consideration of permission to participate in the above listed class/activity, I agree here and forever, to the maximum extent permitted by law, for myself, my family, my heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Sierra Joint Community College District ("District"), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from my participation in the class/activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue, and am doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

(3) Medical Treatment Authorization:

I understand that the class/ activity, by its very nature, includes certain inherent risks and could cause minor injury, major injury, and serious injury, including permanent disability and death. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Health or special needs (Check as appropriate):

- Student/Volunteer has no special health needs the staff should be aware of and no medication required during the class/activity.
- Student/Volunteer has a special need, and instructions are attached. Number of pages: _____
- Other (Explain): _____

Medical Insurance Carrier (e.g., Blue Cross): _____ Policy Number: _____

In the event of an **emergency**, please contact:

Name: _____ Relationship: _____ Phone Number: _____

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE CLASS/ACTIVITY, AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS PERMISSION, ASSUMPTION OF RISK, AND HOLD HARMLESS, INDEMNITY AND RELEASE. I FURTHER ACKNOWLEDGE THAT THE DISTRICT DOES NOT PROVIDE LIABILITY OR MEDICAL INSURANCE COVERAGE FOR PARTICIPANTS WHO PARTICIPATE IN THIS CLASS/ACTIVITY.

<i>Student/Volunteer Signature</i>	<i>Student/Volunteer Printed Name</i>	<i>Date</i>
<i>Parent/Guardian Signature (if Student/Volunteer is under age 18)</i>	<i>Parent/Guardian Printed Name</i>	<i>Date</i>