OAHO Sports COVID-19 Liability Release Waiver

Participant's Full Name:	
Address:	
Parent's Name:	Cell:
Emergency Contact:	Cell:
Due to the 2019-2020 outbreak of the nove precautions with the care of every participant	lity & Assumption of Risk Il Coronavirus (COVID-19), OAHO Sports is taking extra and client to include health history review and enhanced be with the California Department of Health guidance.
Symptoms of /COVID-19 include: Shortnes: Throat / Muscle Pain / New loss or taste or s	s of breath or difficulty breathing / Fever / Chills / Sore
	If someone is showing any of these signs, seek ouble Breathing / Persistent pain or pressure in the stay awake / Blush lips or face
I understand the above symptoms a	pelow, I agree to the following statements: nd affirm that I, as well as all household members, do not symptoms listed above WITHIN THE LAST 14 DAYS.
I affirm that I, as well as all household diagnosed with COVID -19 WITHIN THE PAST	I members, have not knowingly been exposed to anyone 30 DAYS.
I affirm that I, as well as all household any city considered to be a "hot spot" for COVI	I members, have not traveled outside of the country, or to D-19 infections WITHIN THE PAST 30 DAYS.
I understand that OAHO Sports cannocaused by misinformation on this form or the he	ot be held liable for any exposure to the COVID-19 virus ealth history provided by each client.
• •	th these written instructions, posted instructions located staff and may result in my removal from the premises.
	Sports if there is a change/update to the conditions of any bers, have been exposed to or diagnosed with COVID-19.
	reen all individuals.
	above and release OAHO Sports from any and all

Date:_____

Signature: