



## NSAC Return to Practice Waiver

The requirements outlined below will pertain to all NSAC scheduled events and all locations used by NSAC. We will also be working closely with facility operators to ensure safety and a healthy environment for all. Our practices will have the following requirements for usage by athletes, volunteers, and staff:

- Verbally respond to a brief health questionnaire,
- Conduct a temperature check using a touchless infrared thermometer, and
- Wear a mask. You will need to bring your own, and please note this is required. No one will be allowed to enter the building without a mask on. Swimmers will keep their masks on while on deck, then remove them when they leave their backpacks and head for the water.

All members (staff, volunteers, and athletes) will have temperature checked upon arrival. Temperatures must be 99.9F or lower to access the building. If you are providing transportation for your athlete, you will need to make sure they have accessed the building before leaving the property. When your athlete's scheduled practice is over, you will need to pick them up immediately. Athletes will not be allowed to linger after practices.

As many of our athletes are under the age of 18, parents, we need you to communicate this with your athlete, and sign off below that you discussed what we are going to be asking and that you are consenting that your child can answer the health questionnaire and take the temperature check without a guardian being present. You only need to fill out this form once. We will keep it on file.

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### Health Questionnaire:

**If your athlete is feeling sick or "not normal" DO NOT send them to practice. Athletes who are sick (something other than COVID-19) are required to have 3 days symptom-free prior to returning to practice.**

- Have you had any direct contact with a sick person who is known to have COVID-19 illness in the past 14 days?
- Have you been advised by any healthcare provider or agency to self-quarantine within the last 14 days?
- Do you have any of these symptoms?
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Recent loss of taste
  - Recent loss of smell
  - Body aches
  - Headache
  - Sore throat

If any of the questions result in a "YES," the parent or guardian will be notified immediately. The athlete will be asked to leave practice. It is the expectation of all NSAC members to answer screening questions accurately to the best of their ability. Any purposeful wrong answer or attempt to mislead staff or volunteers, will result in immediate departure from NSAC. If an athlete tests positive for COVID-19, you must notify the NSAC Board immediately. We will shut down all NSAC events, pending direction from the Mounds View School District.

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By signing, you and your athlete are acknowledging you have read and understand the above protocols for a safe return to practice. You and your athlete are agreeing to follow all protocols set forth by NSAC and MV Schools. This document will serve as the one and only warning for all members of NSAC. Any failure to comply will result in your athlete being removed from their practice time, placed on our waitlist, and reviewed by the NSAC Board of Directors.

### ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT RELATING TO COVID-19 EXPOSURE, COVID-19 LIABILITY, AND COVID-19 RISKS

In CONSIDERATION for North Suburban Aquatic Club (NSAC) being permitted to rent the facilities of the Mounds View Public Schools and the Community Education Department, the undersigned acknowledges that they have reviewed the NSAC Preparation Plan for a safe return to practices. The undersigned acknowledges and agrees NSAC has taken certain steps to implement certain recommended guidance and recommendations issued by public health agencies and Mounds View Public Schools for slowing the transmission of COVID-19, including those listed above. The undersigned fully understands and appreciates both the known and potential dangers of participating in the programs and/or utilizing the facilities and acknowledges that use thereof by the undersigned representative and/or such participating children and/or adults may, despite NSAC's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

THEREFORE, THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, OR DEATH AND WILL HOLD HARMLESS AND RELEASE AND WAIVE ANY CLAIMS AGAINST NSAC or Mounds View Public Schools or any of their respective employees, volunteers and agents, from any loss, liability, damages or costs they may incur, whether caused by negligence, active or passive, or otherwise while the undersigned representative of the Youth Association/Program or any participating child/adult is participating in any program offered by the Youth/Adult Association/Program through NSAC.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF ILLNESS, INJURY, DEATH FROM EXPOSURE TO COVID-19 AT ANY DISTRICT FACILITY OR DURING PARTICIPATION IN ANY PROGRAM. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY YOUTH/ADULT ATHLETE AND I AM AN AUTHORIZED REPRESENTATIVE OF THE YOUTH/ADULT PARTICIPANT.

Athlete Name: \_\_\_\_\_ Training Group: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Contact Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_