



SAMPLE INFORMED CONSENT FORM FOR PLAYERS

Dear [Athlete or Team Members],

The State of California recently announced that moderate-contact and high-contact adult recreational sports may resume, including competitions, if permitted by local health authorities and if in compliance with both County and State requirements for these sports.

(Please see <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx>)

[Team Name] is taking reasonable measures to prevent the spread of COVID-19 infection, including tracking/tracing, and following applicable state and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Athletes and their families must be aware of and acknowledge the risks before participating in athletics. By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to all the following (Athlete Must Initial and Sign):

- Participation in rugby within the Northern California Rugby Football Union (“NCRFU” is purely voluntary.

Athlete Initial: ____

- The Athlete will not attend meetings, practice and/or competitions if any of the following apply:
 - A. The Athlete or any member of their household is exhibiting one symptom(s) of COVID-19 first appearing within the last 10 days: fever (at or over 100.4°F) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. Athlete will check the Athlete’s temperature at home prior to attending meetings, practices, and/or competitions; and the Athlete will not attend if their temperature is at or over 100.4°F.
 - B. The Athlete or any member of their household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID test.
 - C. The Athlete or any member of their household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
 - D. The Athlete or any member of their household is currently under isolation or quarantine orders.

Athlete Initial: ____

- If the Athlete tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19, the Athlete agrees to immediately inform [Name of Designated Team Official(s)] and acknowledges that the [Team Officials] must contact the [Name of your County] County Department of Public Health to provide information regarding the confirmed positive test, including Athlete’s name and contact information. I consent to the [Team] providing such information to [Name of your County] Public Health Department, or any other the administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the [Team Officials] and / or the County.

Athlete Initial: ____

● I am aware that the Athlete may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious illness, or death for both the athlete and their household members.

Athlete Initial: _____

● We acknowledge [Team], the Governor, California Department of Health, the County, or other administrative body with authority over the NCRFU may determine to cancel a competition or the season at any time. We also acknowledge [Team] must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this agreement.

Athlete Initial: _____

● Athlete is aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for physical distancing and the correct and consistent use of face masks. We agree to comply with the direction provided by the administrative/coaching staff and acknowledge that the failure to do so may result in the Athlete being refused participation at practice, competitions, and/or the entire sport season.

Athlete Initial: _____

● Athlete is voluntarily participating in athletics. **Athlete agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown, and hereby waives and forever discharges from any and all liability related to my participation [Team Name] and the Northern California Rugby Football Union.**

Athlete Initial: _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE [TEAM], THE NCRFU, AND ALL OF THEIR RESPECTIVE EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.

Dated: _____

NCRFU Member Club Name: _____

Athlete Signature: _____

Athlete Printed Name: _____