

Peachtree Road United Methodist Church  
Sports, Recreation and Life Enrichment

Date: \_\_\_\_\_ Participant name: \_\_\_\_\_

Activity: \_\_\_\_\_ Facility (gym, field, etc): \_\_\_\_\_

*If daily participation, this information only needs to be completed once:*

Participant Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Temperature at time of drop off: \_\_\_\_\_ *(to be completed by coaches or PRUMC staff)*

1. Has your child been diagnosed with COVID-19, exhibited symptoms of COVID-19, or had contact with a person that has or is suspected to have COVID-19 within the past fourteen (14) days?  
Yes\_\_\_\_ No\_\_\_\_
2. Does your child currently have fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea?  
Yes\_\_\_\_ No\_\_\_\_

- All participants must have a mask.
- Any lunch or snack items must be in a sealed bag with camper's name
- Participants should be provided hand sanitizer and reminded to wash their hands often before being sent inside

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**WAIVER OF LIABILITY AND RELEASE**

I recognize that there are inherent risks involved in sports and fitness activities. In consideration of the services provided, I, for myself and any child or other person for whom I have legal responsibility, hereby release and hold harmless Peachtree Road United Methodist Church and its Department of Sports, Recreation and Life Enrichment, and their officers, directors, employees, and agents from any and all liability for injuries, including those resulting in death, and illnesses (including the COVID 19 virus and related conditions and illnesses) incurred while participating or attending any event or in any facility of Peachtree Road United Methodist Church. By signing this document, the participant or legal guardian confirms that he or she has authority to sign, has read the entire document, and has understanding that the document waives certain rights of the person signing or the participant.

**Participant Consent**

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

**Parental Consent (If Participant is under 18 or in High School):**

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