



RHI SPORTS PROGRAM ATHLETE CODE OF CONDUCT AND COVID-19 WAIVER

The Rehabilitation Hospital of Indiana and the RHI Sports Program ("RHI Sports") has put in place preventative measures to reduce the spread of COVID-19; however, RHI Sports cannot guarantee that you will not become infected with COVID-19. Further, attending an RHI Sports event could increase your risk of contracting COVID-19.

As an athlete of RHI Sports, by attending a practice, clinic, or event I am agreeing that:

- 1. I have not knowingly been in close/direct contact to anyone with COVID-19.
- 2. I have not had a fever (99.9°F or higher) in the last 3 days (72 hours) without the use of fever-reduction medications.
- 3. If I have a positive diagnosis or COVID-19, I will report it as soon as possible to my coach or Karen Lawrence, Director of RHI Sports, at 317-329-2020 or karen.lawrence@rhin.com
- 4. I understand that if someone tests positive or develops symptoms within 1 day of practice the entire team will have to quarantine.
- 5. I have not experienced the following symptoms within the past 10 days: Shortness of breath/difficulty breathing, fatigue, headache, new loss of taste/smell, congestion /runny nose, sore throat, nausea /vomiting, diarrhea, dry coughing, or sneezing (not associated to allergies).
- 6. If I have travelled outside of the US in the last 4 weeks, I will report the location and duration to RHISP coach/staff.
- 7. I will wear a personal face covering that covers my nose and mouth at all times or until I am a permitted to remove it.
- 8. I am encouraged to practice good handwashing techniques or use hand sanitizer if soap and water is not readily available.
- 9. I will maintain at least 6 feet between myself and anyone who is not part of my immediate household when not actively participating in practice or clinic.
- 10. I will follow all guidelines of facility that we are using.
- 11. I understand that I may only have one guest (preferably in immediate family) in building to assist with my needs.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk I or minor athlete may be exposed to or infected by COVID-19 by attending an RHI Sports event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at RHI Sports may result from the actions, omissions, or negligence of myself and others, including, but not limited to, RHI Sports employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself (or minor) relating to or arising out of COVID-19, including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at RHI Sports or participation in RHI Sports programming ("COVID-19 Claims"). On my behalf or minor's behalf, I hereby release, covenant not to sue, discharge, and hold harmless RHI Sports, its employees, agents, and representatives, of and from any COVID-19 Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any COVID-19 Claims based on the actions, omissions, or negligence of RHI Sports, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any RHI Sports program event.

Signature of Athlete	Print name	Date
Signature of guardian if athlete is under 18	Print name	 Date