

## Informed Consent Agreement for Participation in Fort Dodge Parks and Recreation Programs

Dear Parents, Guardians, and Participants,

The State of Iowa declared a public health emergency on March 17, 2020 in connection with the COVID-19 pandemic.

The City of Fort Dodge is taking reasonable measures to prevent the spread of infection, including tracking and following applicable local, state and federal guidance, as well as guidance from the IHSAA, and IGHS AU. However, the possibility of transmission cannot be eliminated. Participants and families must be aware of and acknowledge the risks before participating in programs.

By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to the following (Parent/Guardian must sign):

\_\_\_\_\_ Participation in programs is purely voluntary.

\_\_\_\_\_ My child has permission to participate in programs meetings, practices and scrimmages/games as directed by Parks and Rec staff.

\_\_\_\_\_ neither myself nor my child will attend meetings, practice and/or scrimmages/games if any of the following apply:

- a. Any member of our household is exhibiting symptoms of illness, such as cough, fever, or shortness of breath.
- b. Any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
- c. Any member of our household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

\_\_\_\_\_ I agree to immediately inform Erin Habben, Recreation Technician, ([ehabben@fortdodgeiowa.org](mailto:ehabben@fortdodgeiowa.org)) if any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

\_\_\_\_\_ I am aware that myself and my child may be exposed to COVID-19 while participating or attending meetings, practices and/or scrimmages/games. I understand that this exposure carries a risk of infection, serious injury, or death.

\_\_\_\_\_ My child is voluntarily participating in programs and I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

\_\_\_\_\_ I forever release the City of Fort Dodge from any liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse, and legal representatives have, or may have in the future, related to participation in programs.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN PROGRAMS DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY.

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Signature of Parent/Guardian

Date