SDABL League Participant:

My commitment to keeping players safe is always my number one priority. Following the Coronavirus disease (COVID-19) outbreak, it is important that you know that I am focused on strategies to reduce exposure for league players. I continue to closely monitor reports from the Centers for Disease Control and Prevention (CDC) and our local health department for all updated information.

As a reminder, we recommend all participants should take these preventive actions to prevent exposure to COVID-19.

- Avoid contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash hands.
- Stay home when you are sick.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a facemask:
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.
- Wash your hands often:
 - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - o It takes an average of 11.8 seconds to sing the entire *Happy Birthday* song, so if you sing it twice, that will ensure you have scrubbed long enough. This is a great method to share with friends and family. While this measure is simple, it is effective.
 - o If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

COVID-19 Member Waiver & Acknowledgement

Prior to entering the building, all players will need to wear a Face Mask until they are checked in and cleared to enter the facility.

Players will be asked to respond to the below wellness screening. Should all responses be "no," members will next have their temperature taken twice. Any member showing a fever (greater than 99.5 F) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing will not be allowed entry into the facility.

If I or my staff become aware of a member's fever, cough, shortness of breath, etc. after they have checked into the program, that individual will have to leave the gym. Team captain or teammates will be notified.

WELLNESS SCREENING QUESTIONS: Please be prepared to answer the following questions daily prior to entering the gym.

- a. Have you had a fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash in the last 5 days?
- b. Have you been exposed to someone who has been diagnosed with the COVID-19?
- c. Have you traveled internationally in the last two weeks?

PARTICIPANT SIGNATURE

If you answered, "Yes" to any of the above questions, you will not be allowed to participate in the basketball program. If any of the above circumstances change, please notify SDABL immediately.

FACILITY USAGE: Players may practice shooting/basketball skills individually or in small groups. Games with contact or contact drills are not allowed. Participants will be asked to leave if they engage in contact activity.

I willingly agree to comply with the stated and customary terms and conditions for participation as regards

protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.	
I,	(Participant Name), have read and understand
that participating in a (SDABL) program does not guarantee may occur while in the facility. Furthermore, the Undersign provided by (SDABL) and that I hereby execute the release undersigned further hereby agrees to indemnify and hold SI Diego Park & Recreation Department, its officers, directors free and harmless from any loss, liability, damages, costs, o injury or property damages that the undersigned's participal activity(ies).	need does hereby consent that attending programs of liability and indemnification on my behalf. The DABL, Sol City, Alliant University, City of Sans, agents, employees, representatives, and volunteers or expense which may incur as a result of the death or

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT,
FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP
SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT
ANY INDUCEMENT.

DATE