

Informed Consent Agreement for Participation in ICCA Activities

Dear Parents, Guardians, and Students,

The State of Iowa declared a public health emergency on March 17, 2020, in connection with the COVID-19 pandemic and said public emergency declaration currently remains in effect.

Accordingly, the Iowa Cheerleading Coaches' Association is taking reasonable measures to prevent the spread of infection, including following applicable state and federal guidance, as well as guidance from the Iowa Department of Education and other state activities associations and organizations. However, the possibility of transmission cannot be eliminated. Students and families must be aware of and acknowledge the risks before participating in activities and must be prepared to follow.

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

____ Participation in ICCA events is purely voluntary.

____ My child has permission to participate in ICCA event meetings, practices and performances as directed by the coaching staff.

____ Neither myself nor my child will attend ICCA meetings, practice and/or performances if any of the following apply:

a.) Any member of our household is exhibiting symptoms of illness, such as a cough, fever, new loss of taste or smell 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 had close contact with (within 6 feet for more than 15 consecutive minutes) another individual who 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 ICCA meetings, practices and/or performances. I understand that this exposure carries a risk of infection, serious injury, or death.

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

____ My child and I agree that all rules outlined by ICCA or applicable federal, state or local health authorities will be followed as a condition of participation in ICCA events during the COVID-19 health emergency.

____ Understanding the risks involved in voluntarily participation in ICCA activities, I, my assignees, heirs, guardians, hereby assume the same and agree to release and hold harmless the ICCA and its employees, officers, agents, contractors and vendors ("Indemnitees") from and against any liabilities, causes of action, claims, demands, or damages related to exposure to disease causing viruses or organisms, such as COVID-19 or participation in ICCA activities during the COVID-19 pandemic.

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

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

