



COVID-19 Voluntary Waiver and Release of Liability

Name: Rol	Role at Event: Level (if applicable):		
Team Name (if applicable):			
Health Questionnaire: Please answer yes or no to t	he following:		
Had signs of a fever or a measured temperature greater than 100.4 degrees Fahrenheit within the past 24 hours?	YES	NO	
Have a cough or have had trouble breathing in the last 24 hours?	YES	NO	
Been asked to self-isolate or quarantine by a doctor or public health official in the last 10 days?	YES	NO	
Lost your sense of smell and/or taste in the last 24 hours?	YES	NO	
Had any muscle aches, sore throat and or nasal congestion?	YES	NO	
Acknowledgement of 2022 COVID-19 Policies for the (check box): I agree and acknowledge that I will wear a Mark layer (such as an additional surgical mat the arena and any subsequent practice for requirement is for skaters on the ice who mand immediately upon exiting the ice surface. I agree and acknowledge to self-isolate mysteam manager/event medical and/or event lagree and acknowledge that I will maintain possible.	N95, KN95, OR a surg nask or an additional acilities. I acknowledg nay remove their mas ce. self and report any sy	ical mask with one cloth mask) at all ti ge that the <u>only</u> exc k shortly before ta mptoms if they ari ed at the competit	additional mes indoors ception to this king the ice se to my ion.
(continued	on next page)		

I agree and acknowledge that I may be denied entry into the 2022 U.S. Synchronized Skating Championships or I may be asked to leave the event at the sole discretion of the event medical staff.
I agree and acknowledge that any violation of these COVID-19 policies could result in my
immediate removal from the 2022 U.S. Synchronized Skating Championships and I could further
be subject to an ethical violation under U.S. Figure Skating rules.

Voluntary Waiver and Release of Liability

I understand that U.S. Figure Skating has put in place enhanced health and safety measures to reduce the spread of COVID-19 at the 2022 U.S. Synchronized Skating Championships. I also understand that U.S. Figure Skating cannot guarantee that I will not become infected with COVID-19. By signing this agreement and my participation in the 2022 U.S. Synchronized Skating Championships, I acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the 2022 U.S. Synchronized Skating Championships, and that such exposure or infection may result in extreme illness, permanent disability, and possibly death. I understand that the risk of becoming exposed to or infected by COVID-19 at the 2022 U.S. Synchronized Skating Championships may result from the actions, omissions, or negligence of myself and others, including, but not limited to, U.S. Figure Skating, The Broadmoor World Arena and other accredited persons attending the event.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness/injury to my myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the 2022 U.S. Synchronized Skating Championships.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless U.S. Figure Skating, The Broadmoor World Arena, its employees, agents, and representatives, of and from the 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 Claims based on the actions, omissions, or negligence of U.S. Figure Skating, The Broadmoor World Arena, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at the 2022 U.S. Synchronized Skating Championships.

I have read and agree to the above COVID-19 Certification and Waiver and Release of Liability.

Participant	Parent/Guardian for minor
Signature:	Signature:
Print Name:	Print Name:
Date:	Date: