



COVID-19 RELEASE FORM FOR STUDENT ATHLETES

I, _____, wishing to participate in the Advanced Mentoring Enrichment Network (A.M.E.N.) Midnight Basketball Program, hereby acknowledge that Advanced Mentoring Enrichment Network is doing everything they can to protect the public as well as myself as a student athlete. To this extent, I agree to follow Center of Disease Control (CDC) and local health district guidelines and Advanced Mentoring Enrichment Network policies and procedures to reduce the spread of COVID-19. This will require me to maintain, whenever possible, six (6) feet distance between myself, fellow athletes, and staff/volunteers of the organization.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing.

I understand that there is no direct medical health coverage afforded to me during my relationship with Advanced Mentoring Enrichment Network. Advanced Mentoring Enrichment Network is not responsible for any potential exposure to COVID-19, which is not a direct result of negligence on the part of their staff, volunteers, or the organization.

By signing below, I agree to comply with the written instructions above. Failure to comply with these written instructions, or any verbal instructions that may be provided to me by a staff member of Advanced Mentoring Enrichment Network, may result in my removal from the Advanced Mentoring Enrichment Network program and I may be asked to leave the premises.

PRINTED NAME _____ DATE _____

SIGNATURE _____