



EAST SAN GABRIEL VALLEY
JAPANESE COMMUNITY CENTER **ESGVJCC**

INFORMED CONSENT AND WAIVER AGREEMENT

PARTICIPANT NAME: _____

PARENT/GUARDIAN NAME (IF PARTICIPANT IS A MINOR): _____

ESGVJCC PROGRAM/CLASS NAME: _____

The East San Gabriel Valley Japanese Community Center (ESGVJCC) and all of its programs are taking reasonable measures to prevent the spread of COVID-19 infection, including tracking/tracing, and following applicable state and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Program participants and their families must be aware of and acknowledge the risks before participating in ESGVJCC programs.

By initialing and signing this Informed Consent and Waiver Agreement, you acknowledge, accept, and agree to all the following (Participant and, if the Participant is a minor, Parent/Guardian Must Initial and Sign):

- Participation in an ESGVJCC program is purely voluntary.
Participant Initial: _____ Parent/Guardian Initial: _____
- Participant has permission to participate in classes, meetings, practices, and competitions as directed by the instructors, coaches or teachers.
Participant Initial: _____ Parent/Guardian Initial: _____
- The Participant and/or the Parent/Guardian will NOT attend meetings, practice and/or competitions if any of the following apply:
 - A. The Participant or any member of their household is exhibiting one symptom(s) of COVID-19 first appear within the last 10 days: fever (at or over 100.4°F or 38°C) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. The Participant or Parent/Guardian, if the Participant is a minor, will check Participant's temperature at home prior to attending and upon arrival to classes, meetings, practices, and/or competitions; and Participant will not attend/participate if their temperature is at or over 100.4°F or 38°C.
 - B. The Participant or any member of their household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID test.
 - C. The Participant or any member of their household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
 - D. The Participant or any member of their household is currently under isolation or quarantine orders.
Participant Initial: _____ Parent/Guardian Initial: _____

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- If the Participant tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19, the Participant or Parent/Guardian, if the Participant is a minor, agrees to immediately inform the ESGVJCC and the leadership/instructors of the program you are joining and acknowledges that the ESGVJCC must contact the Los Angeles County Department of Public Health (LACDPH) to provide information regarding the confirmed positive test, including Participant's name and contact information. I consent to the ESGVJCC providing such information to LACDPH or any other the administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the ESGVJCC and / or LACDPH.

Participant Initial: _____ Parent/Guardian Initial: _____

- We are aware that the Participant may be exposed to COVID-19 while participating in or attending classes, meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious illness, or death for both the athlete and their household members.

Participant Initial: _____ Parent/Guardian Initial: _____

- We are aware that Participants and/or Parents/Guardians must show proof of COVID-19 vaccination if asked by the ESGVJCC Program and/or submit to a COVID-19 antigen rapid test if deemed necessary.

Participant Initial: _____ Parent/Guardian Initial: _____

- We acknowledge the ESGVJCC, the Governor, State Department of Health, LACDPH, or other administrative body with authority over may determine to cancel access to any of the ESGVJCC programs. We also acknowledge that all ESGVJCC programs must comply with any mandates and/or protocols and agree to comply with any such directives even if issued after signature to this agreement.

Participant Initial: _____ Parent/Guardian Initial: _____

- Participant is voluntarily participating in an ESGVJCC program. Participant or Parent/Guardian, if the Participant is a minor, agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

Participant Initial: _____ Parent/Guardian Initial: _____

I, _____, HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM/WE ARE AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS.

I, _____, AM SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE EAST SAN GABRIEL VALLEY JAPANESE COMMUNITY CENTER (ESGVJCC), ITS PROGRAMS, ITS EMPLOYEES, VOLUNTEERS, INSTRUCTORS, COACHES, TEACHERS, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES IF MYSELF OR MY CHILD WERE TO CONTRACT THE COVID-19 VIRUS.

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I understand the risks and dangers, even as the ESGVJCC and their programs have taken the necessary precautionary measures to the best of their abilities.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding.

I understand that I am allowing myself or my child to participate with known risks.

Participant Signature:

Participant Printed Name:

Date:

Date of Birth: ____ / ____ / ____

Parent/Guardian Signature if the Participant is a minor

Parent/Guardian Printed Name:

Date:

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