

Torpedoes Return to Play Tryout Policy

following symptoms within the past 48 hours:	_, my child, does not have any of the
 Fever Cough or sore throat Shortness of breath Loss of taste or smell Chills Head or muscle aches Nausea, diarrhea, or vomiting 	
By signing the attached signature sheet, I also agree	e to the below:
COVID-19 RELEASE AND WAIVER OF LIABILITY: The undersigned acknowledges the contagious nature of the Coronavirus/Orecommended abiding by certain precautions, including social distancing. Toput in place preventative measures to reduce the exposure to and spread of Torpedoes COVID Return to Play Policy.	he undersigned further acknowledges that Torpedoes has
By executing this instrument, the undersigned acknowledges that he/she had abide by the provisions of the plan and consents to the use and disclosure the plan.	
Torpedoes cannot guarantee that the student athletes, coaches, and staff in Coronavirus/COVID-19 and the undersigned understands that the risk of exoccur despite the precautions taken pursuant to the plan. For these reasons Torpedoes programs, hereby releases and agrees to hold harmless Torped waives, any and all causes of action, claims, damages, costs, and expense in connection with participation in Torpedoes programs.	sposure to or infection from the Coronavirus/COVID-19 mas, the undersigned, as a condition of participation in loes and its officers, members and trainers from, and herely

Print Name

Signature