

SCHEDULE C

INFORMED CONSENT AND WAIVER AGREEMENT

In connection with my participation in the [sports program type] _____ program (the “Activities”) held by [Licensee Name] _____ (“Licensee”) from _____, 2020 to _____, 2020 located on the campus located at 1177 King Street, Greenwich, CT 06831 (the “Facilities”) belonging to The Convent of the Sacred Heart, Greenwich, Incorporated, dba Sacred Heart Greenwich (the “School”), I hereby attest and agree as follows:

1. **Because of the nature of the Activities and the fact that the Facilities are open for use by other individuals, I recognize that I am of higher risk of contracting severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(“COVID-19”).** I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, or other viral or bacterial infection, while participating in the Activities, and that such exposure or infection may result in personal injury, illness, permanent disability and death. I attest that I have been informed that people 65 years and older and people of any age who have serious underlying medical conditions or are at a higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in guidance from the Centers for Disease Control and Prevention (“CDC”) and I agree to continue to monitor the CDC, Connecticut, and the local health district websites to stay informed of ongoing risks and symptoms associated with COVID-19. I understand that in order to determine whether I have a medical condition that places me at risk, I should consult a healthcare provider. I further expressly acknowledge that the Activities are sponsored by Licensee and are NOT sponsored by the School.

2. **I agree that if I have a fever, cough, feel short of breath, have any other symptoms of COVID-19, have knowingly been exposed to a communicable disease such as COVID-19 or have traveled to or from a highly impacted area(s), I understand that I shall not enter the Facilities** for at least two weeks after exposure or symptoms have subsided and I have received medical clearance from a healthcare provider or I have returned from the highly impacted area(s). In addition, if I discover I have been exposed to a suspected or positive case of COVID-19 or have tested positive for COVID-19, **I will promptly notify by email Licensee at _____ and the School at dennison@csht.org** and understand that Licensee and/or the School may notify its community at large that a participant in the Activities has either been exposed to, or has tested positive for, COVID-19 and the date(s) when such member was at the Facilities. I further understand that Licensee or the School may be required by law, or otherwise believe it is prudent, to notify and/or disclose to the local health district and/or government agency of such incident/exposure and consent in advance to any and all such notification and disclosure.

3. **I acknowledge that there is an inherent risk in the Activities and that participation involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness, disease, permanent disability, paralysis and death, and loss of damage to personal property or equipment, and other undefined, not readily foreseeable and presently unknown risks and dangers, including those related to COVID-19 (collectively, the “Risks”).** I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Activities, my presence and/or the presence of others at the Facilities, or the negligent actions or inactions of the School, its officers, board members, employees or agents (collectively, the “Released Parties”) and I expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses that I incur as a result of my participation in any Activities. With full awareness and appreciation of the Risks, I hereby forever release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the Released Parties with respect any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expenses (including court costs and reasonable attorneys’ fees of any kind or nature (the “Liability”) which may arise out of, result from, or relate in any way to my participation in the Activities, presence at the Facilities, condition of the Facilities, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

4. By signing below, the Participant and each of the Parent/Legal Guardians (if applicable) each affirmatively agree that (i) he/she has been given ample opportunity to review this Agreement and understands the content herein, (ii) the Participant desires, and is expressly permitted by each Parent/Legal Guardian (if applicable),

to participate in the Activities in light of the information and conditions set forth herein, and (iii) he/she understands that the Risks and provisions contained herein extend to all minor children living in the same household as the Participant and each Parent/Legal Guardian (if applicable). This Agreement shall be governed by and construed in accordance with the laws of the State of Connecticut, without regard to its conflicts of laws principles. If any provisions of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of the remaining provisions.

Participant Name (Print): _____

Participant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____