



## COVID-19 SCREENING & LIABILITY RELEASE WAIVER

Due to the outbreak of the Novel Coronavirus (COVID-19), Hoopsville Basketball is taking extra precautions with the care of every participant to include health history review and enhanced sanitation/disinfection procedures in accordance with the New Jersey Department of Health.

Please answer the following questions.

1. Have you been in close contact with another person who has been diagnosed with or under investigation for COVID-19 in the last 14 days?

Yes                      No

2. Have you been around anyone that has had a fever, cough, sore throat, headache, muscle/body aches, fatigue, chills, nausea or vomiting, diarrhea, shortness of breath, or loss of taste and/or smell in the last 14 days?

Yes                      No

3. Have you personally experienced a fever, cough, sore throat, headache, muscle/body aches, fatigue, chills, nausea or vomiting, diarrhea, shortness of breath, or loss of taste and/or smell in the last 14 days?

Yes                      No

### RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE, INDEMNIFICATION, HOLD HARMLESS, LIMITATION OF WARRANTY

We all know that these are uncertain times. The risks of COVID-19 are not well understood and there is controversy among experts on how the virus can spread and difficulty in scientifically determining whether anyone has the virus at any moment in time. While we are taking your safety and that of our staff very serious, by employing new and enhanced safety and sanitation measures, we cannot guarantee that any of these measures will completely protect you from exposure to COVID-19. In consideration for providing haircuts by signing below you agree to accept all responsibility for the risk that you may be exposed to COVID-19.

I agree that if I take any steps to make a claim for damages against Hoopsville Basketball, its agents, employees or any other released parties arising out of my receipt of haircut during my visit to Hoopsville Basketball, I shall be obligated to pay all attorney's fees and costs incurred as a result of such a claim.

**HOOPSVILLE BASKETBALL RESERVES THE RIGHT TO TURN AWAY ANY GUEST THAT VISIBLY PRESENTS SYMPTOMS AS DESCRIBED ABOVE OR THAT HAS CHECKED YES TO ANY OF THE ABOVE QUESTIONS.**

**BY SIGNING BELOW, YOU CONFIRM THAT YOUR INFORMATION IS ACCURATE AND TRUE AND THAT YOU ACCEPT RESPONSIBILITY FULLY FOR YOUR VISIT TO HOOPSVILLE BASKETBALL.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE