

BETHANY CHRISTIAN SCHOOLS

Student-Athlete Name (Printed): _____

The student-athlete named above previously tested positive for coronavirus disease 2019 ("COVID-19") and has since not participated in any sports and exercise as required by Bethany Christian Schools.

The long-term health effects of COVID-19 infection are currently unknown. There is a possibility that COVID-19 may cause long-term cardiac complications. Depending on the severity of the COVID-19 symptoms, the National Federation of High School Athletics and the American Medical Society for Sports Medicine have recommended obtaining a full cardiac consultation which may consist of an electrocardiogram ("ECG") before the authorization to return to sport. Although an ECG is not guaranteed to reveal all potential present or future cardiac complications resulting from COVID-19, it can be a useful diagnostic aid if any present cardiac abnormalities exist which could be exacerbated by the return to a sport or exercise.

Bethany Christian Schools advises that you consult with your health care provider prior to returning to athletic activity. If your student-athlete returns to practices and displays any adverse cardiovascular symptoms, he or she may be asked to sit out until cleared by a health care provider or completion of further testing to confirm heart functionality.

WAIVER AND RELEASE FOR POST-COVID RETURN TO SPORTS

I understand and acknowledge that it may be recommended that the student-athlete obtain an ECG prior to returning to the sport. I have had the opportunity to discuss this recommendation with my personal physician and have had all other questions answered to my satisfaction. I have been informed of, and understand the potential risks and concerns of returning to the sport without an ECG and assume such risks. In doing so, I am relying solely upon the advice of my personal physician, and not Bethany Christian Schools, its employees or agents, regarding my safe return to sports and exercise.

I understand that the long-term cardiac and other health effects of COVID-19 remain unknown. Regardless, I wish to allow the student-athlete to return to sports and exercise. I hereby release and hold harmless Bethany Christian Schools, its trustees, agents and employees, and any sports medicine or other healthcare professionals connected with the student-athlete's care from any and all claims I may make based, directly or indirectly, in whole or in part, on any harm which may result from this decision.

Parent / Legal Guardian Signature

Date

Parent / Legal Guardian Name (Printed)

Student-Athlete Signature (If over 18)

Date