

**THE POTOMAC SCHOOL
STUDENT ATHLETE
SUMMER 2021 FACILITY USE AGREEMENT**

I, _____, acknowledge that my use of any of Potomac's Athletics Facilities during the Summer 2021 is expressly conditioned upon my agreement to the following terms.

1. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, and/or wellness activity. My use of Potomac's Athletic Facilities is a voluntary activity in all respects and I assume all risks of injury and illness that may result from such use.
2. I acknowledge that no athletic trainer or nurse will be present during any of the summer activities.
3. I agree to follow all of Potomac's COVID-19 risk mitigation strategies including, but not limited to:

a. **Masks:** Per VA Executive Order 79, masks are required indoors. If vaccinated, I may remove my mask while exercising or using exercise equipment. Masks outdoors are not required but appropriate physical distancing is expected, to the extent possible.

b. **Stay Home if Sick:** I agree to stay home if I experience any of the following symptoms: fever above 100 degrees, shortness of breath, fatigue, headache, new loss of taste or smell, sore throat, congestion or running nose, nausea, vomiting, and/or diarrhea.

I agree to stay home if I have tested positive for COVID-19 in the past 14 days or, if not fully vaccinated and in the past 14 days, have been in close contact (within 6 feet for at least 15 minutes) with someone known to be infected with COVID-19 or awaiting COVID-19 test results.

4. I agree to abide by the following rules when using any of Potomac's Athletics Facilities:
 - a. I must enter and exit the Spangler Center at the Upper Level Lobby entrance.
 - b. If all 10 platforms in the Strength & Conditioning Room are in use, I will exercise in the Fitness Center until a platform becomes available.
 - c. Use of the gym and fields is only permitted under the direct supervision of coaches and staff and during the following Hours of Operation:
Spangler Center Strength and Fitness Rooms (Monday - Thursday; 8 - 10 am & 2 - 5 pm)
Athletic Fields (Monday - Thursday; 4 - 6pm)
 - d. I will bring my own water bottle to be filled at touch-less water stations only.

5. I acknowledge that the *Activity Permission, Assumption of Risk and Release* provision of the **2021-22 Enrollment Contract** is hereby incorporated by reference and shall apply with respect to my use of Potomac's Athletics Facilities during the Summer 2021.

By my signature below, I agree to all of the terms of this Summer 2021 Facility Use Agreement.

Athlete Signature: _____ Date: _____

Parent Signature: _____ Printed Name: _____

**THE POTOMAC SCHOOL
STUDENT ATHLETE
SUMMER 2021 EMERGENCY INFORMATION AND AUTHORIZATION**

The Potomac School will make every reasonable attempt to contact a parent or legal guardian in the event of a medical emergency. I hereby authorize the School and/or its representatives (i.e., athletic trainers, school nurses, School employees) to provide emergency medical attention and, if necessary, to transport my child to a medical facility at my expense. The medical personnel have my authorization to provide treatment deemed necessary for the well-being of my child. I agree that any medical insurance that covers the Student will be the primary insurance coverage for such emergency medical attention or treatment.

I hereby give permission for any Potomac nurse, athletic trainer, or School employee to (a) administer first aid or other treatment to the Student, (b) take any actions reasonably necessary to provide emergency medical attention, and/or (c) to use and/or disclose pertinent health information to appropriate School representatives charged with the supervision and care of the Student, and other health care providers for the treatment of any injury or health condition that may arise at School or during School-related activities.

By my signature below, I agree to all of the terms of this Summer 2021 Emergency Information and Authorization.

Student Name: _____ Date of Birth: _____

Parent Signature: _____ Date: _____

Parent Emergency Contact Name and Phone Number:
