



## **JUDD GOLDMAN ADAPTIVE SAILING PROGRAM**

### **COVID-19 Requirements and Guidelines For Participants, Staff and Volunteers**

The Judd Goldman Adaptive Sailing Program (JGASP) is a public/private partner with the Chicago Park District. JGASP is committed to the City of Chicago COVID-19 guidelines as well as all other current guidance from the Centers for Disease Control and Prevention (CDC), Illinois Department of Public Health (IDPH), and Chicago Department of Public Health (CDPH).

#### **REQUIREMENTS**

- Participants and volunteers must be fully vaccinated as defined by the CDC unless an approved exception applies.

#### **GUIDELINES**

- **Social Distancing**  
In accordance with the CDC and the City of Chicago's health guidelines, social interactions between all the above parties will be minimized. A distance of 6 feet will be maintained by everyone where possible.
- **Face Coverings**  
Participants, staff and volunteers at the Judd Goldman Sailing Center site are required to wear at all times face coverings that cover both their nose and mouth. Everyone will need to bring their own face coverings. A limited number of additional face coverings will be available should face coverings get lost or damaged.
- **Temperature Check**  
Daily temperature checks may be performed as needed. Those that have a temperature exceeding 100 degrees Fahrenheit will be asked to immediately leave the Judd Goldman Sailing Center site.
- **Self-Screening for Symptoms**  
No one should enter the Judd Goldman Sailing Center site if any of the following should apply to you:
  1. A body temperature over 100 degrees Fahrenheit or the use of a fever reducer in the previous 24 hours to treat a body temperature over 100 degrees Fahrenheit.
  2. A new cough not attributable to another health condition.
  3. New or worsening sore throat not attributable to another health condition.
  4. New shortness of breath not attributable to another health condition.
  5. Newly developed loss of smell and/or taste.
  6. In contact with someone diagnosed with COVID-19 within the past 14 days.
  7. Currently awaiting results of COVID-19 tests.
  8. Exhibiting any other symptoms of COVID-19.



## JUDD GOLDMAN ADAPTIVE SAILING PROGRAM

### Waiver of Liability and Consent

In order for the Judd Goldman Adaptive Sailing Program (JGASP) to accept my application and permit my participation in the JGASP, I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims that I have or that may hereafter accrue to me against the JGASP, volunteers and the Chicago Park District (CPD) and any of their officers, directors, commissioners, employees, agents, successors, and/or assigns (all being Released Parties) for any and all damages that may be sustained and suffered by me, including death, bodily injury or illness, in connection with my participation in sailing or aquatics activities included in or related to this program. As a further condition of my participation in this program, I hereby represent to the JGASP and CPD that I will wear a personal flotation device specified and provided to me by the JGASP and CPD at all designated times during the program.

Further, I acknowledge and understand the following:

1. Participation in the program includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the participation in the program, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

In the event of a medical emergency, I hereby authorize and give my consent to the JGASP and CPD and its employees, instructors and/or volunteers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for me for my immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

I hereby grant permission to the JGASP for the use of any and all photos or video footage taken of me or my competing boat to be published in any media whatsoever for editorial, commercial purposes or to be used in press information. I agree to waive any claim to compensation for use of said photos or video footage.

I have read the above COVID-19 Requirements and Guidelines and the Waiver of Liability and Consent and acknowledge, understand, and agree to their contents, including the requirement to be fully vaccinated to participate, unless an approved exception applies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

For program participants under 18 years of age, his/her father, mother, or legally appointed guardian must sign application/COVID Requirements and Guidelines and the Waiver of Liability and Consent.

Consent and Waiver on behalf of minor child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_