

VIKINGS YOUTH HOCKEY
COVID POLICY AND WAIVER AGREEMENT

Child/Athlete Name: _____ (Please Print)

Parent/Guardian (#1) Name: _____ (Please Print)

Parent/Guardian (#2) Name: _____ (Please Print)

IN CONSIDERATION for being permitted to utilize the services and programs of the **VIKINGS YOUTH HOCKEY** and/or for my child/athlete listed above to so participate for any purpose, including, but not limited to, observation or use of facilities or equipment, or participation in any off-site program affiliated with the **VIKINGS HOCKEY ORGANIZATION**, the undersigned, on behalf of himself or herself and such participating child/athlete and any personal representatives, heirs, and next of kin (hereinafter referred to as 'the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating child/athlete.

In addition, the undersigned acknowledges that the novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including thousands of cases in Illinois. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Illinois Department of Health (IDPH), for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating child/athlete shall visit or utilize the facilities, services, and programs of the **VIKINGS YOUTH HOCKEY**(other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Network is continuously updating this list and the undersigned agrees that they are aware of this list and the countries listed. The undersigned agrees to check the CDC Travel Health Notices list: (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and programs of the **VIKINGS YOUTH HOCKEY**, on a daily basis if necessary.

The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating child/athlete shall visit or utilize the facilities, services, and programs of the **VIKINGS YOUTH HOCKEY** if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID- 19. The undersigned agrees to notify the **VIKINGS YOUTH HOCKEY** immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The **VIKINGS YOUTH HOCKEY** has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. (See Exhibit A which is attached and by reference hereto becomes part of this Waiver) The undersigned acknowledges and agrees that the **VIKINGS YOUTH HOCKEY** may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with the **VIKINGS YOUTH HOCKEY** revised procedures prior to utilizing the facilities, services, and programs of the **VIKINGS YOUTH HOCKEY**. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the **VIKINGS YOUTH HOCKEY**, social distancing of 6 feet per person among child/athlete and their caregivers in a hockey setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the **VIKINGS YOUTH HOCKEY** and acknowledges that use thereof by the undersigned and/or such participating child/athlete may, despite the **VIKINGS YOUTH HOCKEY'S** reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE VIKINGS YOUTH HOCKEY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH VIKINGS YOUTH HOCKEY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF, AND ON THE BEHALF OF SUCH PARTICIPATING CHILD/ATHLETE, RELEASES WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE VIKINGS YOUTH HOCKEY, its directors, officers, employees, volunteers and agents from all liability to the undersigned or such participating child/athlete and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating child/athlete for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating child/athlete (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating child/athlete) whether caused by the negligence, active or passive, of the **VIKINGS YOUTH HOCKEY or otherwise while the undersigned or such participating child/athlete are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the **VIKINGS YOUTH HOCKEY**.**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the **VIKINGS YOUTH HOCKEY, its directors, officers, employees, volunteers and agents, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, or otherwise while the undersigned or any participating child/athlete is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the **VIKINGS YOUTH HOCKEY**. The undersigned understands and agrees that the **VIKINGS YOUTH HOCKEY** is not required to provide insurance to cover the undersigned or such participating child/athlete in the event they**

suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the **VIKINGS YOUTH HOCKEY**.

The undersigned agrees and acknowledges that use of the **VIKINGS YOUTH HOCKEY** facilities and services, and participation in the **VIKINGS YOUTH HOCKEY** programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating child/athlete due to negligence, active or passive, or otherwise while in, about or upon the premises of the **VIKINGS YOUTH HOCKEY** and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the **VIKINGS YOUTH HOCKEY**. The undersigned acknowledges that any illness or injuries that the undersigned or such participating child/athlete contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

THE UNDERSIGNED FURTHER EXPRESSLY AGREES THAT THE FOREGOING ASSUMPTION OF RISK, RELEASE AND OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois, and, that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT. I FURTHER AGREE AND ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT, INCLUDING EXHIBIT A, HAVING BEEN MADE, I AM AWARE THAT BY AGREEING TO THIS AGREEMENT THAT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING, FOR THE RIGHT TO RECOVER DAMAGES FROM THE VIKINGS YOUTH HOCKEY IN CASE OF INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY VIKINGS YOUTH HOCKEY FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFORE. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS.

IF SIGNING ON BEHALF OF A MINOR: I ALSO UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS IF SIGNING ON BEHALF OF A MINOR.

I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD/ATHLETE AND/OR LEGAL WARD AND I REPRESENT AND WARRANT TO THE VIKINGS YOUTH HOCKEY THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR.

I have read and understand the terms of this Assumption of Risk, Release and Date Waiver of Liability, and Indemnity Agreement and agree to its terms.

Date

Signature (Parent/Guardian #1)

Signature (Parent/Guardian #2)

Emergency Contact Name

Emergency Contact Number