

The JumpStart® Volleyball Academy

&

Spikes™ llc

Waiver and Release For Minors

There are certain inherent risks associated with participating in sports, either as an athlete or spectator, which cannot be eliminated. These risks include, but are certainly not limited to: (1) minor injuries such as scratches, cuts, bruises and strains; and (2) major injuries such as injuries to the eyes, infection, contracting a virus or disease, loss of sight, joint injuries, back injuries, heart attacks, concussions, paralysis and even death.

COVID-19 is extremely contagious and is reported to be spread through the air, from touching contaminated surfaces and from person-to-person contact. There is no known treatment, cure, or vaccine for COVID-19, which can cause severe illness and death. Federal, state and/or local governments have recommended and/or require precautions, including, but not limited to, social distancing and wearing face coverings, to lessen the spread of this virus. Please contact the Centers for Disease Control (the CDC), your state and/or local governments for the most up-to-date information and guidance.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.

YOU ARE AGREEING THAT, EVEN IF SPIKES™ & the JUMPSTART® VOLLEYBALL ACADEMY, AND/OR ANY OF THEIR AFFILIATES, DIRECTORS, OFFICERS, OFFICIALS, EMPLOYEES, AGENTS OR VOLUNTEERS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SPIKES™ & the JUMPSTART® VOLLEYBALL ACADEMY, AND/OR ANY OF THEIR AFFILIATES, DIRECTORS, OFFICERS, OFFICIALS, EMPLOYEES, AGENTS OR VOLUNTEERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SPIKES™ & the JUMPSTART® VOLLEYBALL ACADEMY, AND/OR ANY OF THEIR AFFILIATES, DIRECTORS, OFFICERS, OFFICIALS, EMPLOYEES, AGENTS OR VOLUNTEERS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

PRINTED NAME OF PARTICIPANT: _____

AGREED:

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN PHONE: _____

PARENT/GUARDIAN EMAIL: _____