

Waiver of Liability and Assumption of Risk / Medical Release Agreement / Assumption of Risk Relating to Corona Virus- Covid 19

All players and player' parent/guardians must check the box for the Waiver of Liability and Assumption of Risk Agreement on the form before participating in any athletic endeavors sponsored and/or sanctioned by Integrity Volleyball Club, LLC.

I am fully aware of the risks and hazards connected with volleyball or any sporting event.

I hereby take the following action:

I agree to assume all risks and responsibilities for any and all claims for damages including personal injury and medical expenses which may be incurred by participant while participant engages in any athletic events sponsored and/or sanctioned by Integrity Volleyball Club, LLC.

I am fully aware of the risks and hazards connected with volleyball or any sporting event. I recognize and understand that certain risks of harm are inherent and that there are dangers involved that cannot be foreseen.

I waive, release, discharge, and covenant not to sue Integrity Volleyball Club LLC, and their officers, directors, employees, representatives, and agents from any and all liability, claims, demands, and actions relating to any loss, damage, or injury that I could sustain during participation.

I further hereby agree to indemnify and hold harmless the persons or entities mentioned above from any loss, damage, or claims made of liabilities assessed against them as a result of my actions.

I agree that the player I am responsible for registering may participate in the 2020/21 Tryouts, Summer Camps, Clinics, Tournaments, Leagues and/or other events. In consideration of participation in any of these events, I agree, on behalf of registrant, his/her heirs, and representatives to fully and forever release, discharge, indemnify and hold harmless Integrity Volleyball Club, LLC., it agents, servants and employees from any and all claims, demands, damages, rights of action or causes, rights of action or causes, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in these events.

I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY REGISTRANT WHILE IN ATTENDANCE OF THESE EVENTS. I ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CLUB PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE REGISTRANT AND HAVE STATED THOSE NEEDS ON THE REGISTRATION FORM.

Also, I understand that all rules and regulations for the Leagues, Camps, Clinics, and/or Other Events will be enforced and any violation by the registrant will result in a call, to the parent or legal guardian, with a possible request to come and pick up the above individual (older players, who drive, may be asked to leave) with no refunds being given.

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, including individuals without disease symptoms. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

The health and well-being of our staff and athletes remains our top priority. In order to minimize the risk of COVID-19 entering our environment and spreading amongst our community, we have set up protocol for all who participate. Furthermore, all participants in sponsored activities at INTEGRITY VOLLEYBALL CLUB must agree to and abide by the following:

- Self-screen and NOT attend with symptoms of COVID-cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, fever 100 degrees or above, or known close contact with a person who is lab confirmed COVID -19
- Not participate if considered "high risk".
- Follow guidelines set forth by Integrity to minimize risks (posted on website)
- Inform Integrity directors if any COVID infection occurs with the participant or their family

INTEGRITY VOLLEYBALL CLUB (hereafter referred to as the "Club") has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 in Club's gym environment; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending sponsored activities at the Club could increase your risk and your child(ren)'s risk of contracting COVID-19.

By my agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to the participation terms described above and assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club activity.

Participant's Name(s) PRINT: _____ Team(s): _____

Participant's Signature (if 18 or older): _____

Parent/Legal Guardian Name(s) PRINT: (for participants under 18): _____

Signature(s) of Parent/Legal Guardian: _____ Date: _____

Phone #Parent can be reached during clinic _____ Email _____