



COVID-19 RETURN TO PLAY WAIVER

I understand that Sidewinder Lacrosse Inc. (the “Organization”) is following state and federal public health guidelines and that the organization is going to be offering limited training with specific guidelines. I am being offered the opportunity to participate in the Organization’s limited Covid19 training program and activities (the “Program”). I acknowledge that my participation is voluntary. I knowingly and willingly consent to participating in the Program, and I agree to follow all guidelines and recommendations to prevent the spread of COVID-19. I represent that I have the maturity, understanding, and skill to safely engage in the Program and all other Organization activities and to observe all protocols and guidelines for such participation as stated in the COVID-19 Update.

I understand that engaging in the Program can be vigorous, physically demanding, and could result in injury. I also understand that the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and may still be highly contagious, and I agree that it is impossible to determine who has it and who does not, given the current limits in virus testing. I further understand that my participation in the Program involves a risk of being exposed to, contracting, or being around players who have COVID-19. I will do my part to follow all protocols, respect the directives, and abide by the requirements to return to play. I represent that I am in good physical condition and do not have any medical, physical, or mental condition that could result in injury or illness for others. I expressly assume the risk of engaging in the Program and other Organization activities and hereby release and hold harmless the Organization and all parties involved, including the coach, other players and families, the staff of the Sidewinder Lacrosse Inc., the facility owners where we train, and local municipalities.

In consideration of being afforded the opportunity to participate in the Program, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, and my parent or legal guardian if I am a minor, for and on behalf of myself and my heirs, executors, administrators, successors, and assigns, hereby forever release, acquit, and discharge, and agree to indemnify and hold harmless, the Sidewinder Lacrosse Inc. and its operators, officers, directors, employees, contractors, members, partners, agents, sponsors, vendors, invitees and affiliates (collectively, “SDWL/PPL Releasees”) from any and all causes of action or actions, suits, losses, liability, damages, claims (including but not limited to, negligence, gross negligence, willful or intentional conduct), personal injury damages, medical or hospital bills, lost wages, property damages, judgments, levies, and executions whether known or unknown, liquidated or unliquidated, fixed or contingent, direct or indirect which the undersigned or his heirs, executors, administrators, successors, and assigns may have, against said SDWL/PPL Releasees arising out of my participation in the Program and any other Organization activities.

I understand and agree that the foregoing release is binding on myself and my heirs, executors, administrators, successors, and assigns and that the Organization will deny my participation in the Program until this release is executed by myself and my parent/legal guardian (if applicable) and all terms are hereby accepted. I understand that, if I am a minor, my parent or legal guardian is required to sign this release.

If my child is a minor, I understand and agree with each and every matter stated herein, I knowingly and willingly consent to my child's participation in the Program, and I hereby bind myself and my minor child to the terms of this Return to Play Waiver by signing below.

If any provision of this Return to Play Waiver is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement.

I have read, understand, and accept the Return to Play Waiver as outlined above.

Parent Signature _____ Date _____

Player Name _____ Team _____

Coach _____