

**East Valley Pop Warner (EVPW)
Athletic/Activity Participation 2020
PLAYER Waiver, Release, and Assumption of Risk Form**



On behalf of myself, my household members, and my child, _____, I hereby give permission for my child to attend camps, clinics, practices, and competitions with East Valley Pop Warner (EVPW). My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with attending camps, clinics, practices and competitions at a practice or competition venue. I acknowledge that my child's participation in this program is wholly voluntary.

I specifically assume all risks and hazards associated with my child's participation including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with coaches, volunteers and other players and may contract or be exposed to COVID-19, and other viruses and diseases, through my student's participation. Potential symptoms of the COVID-19 virus may include but are not limited to the following: fever, cough, shortness of breath, difficulty breathing, and/or other flu-like symptoms. COVID-19 may be deadly, particularly in certain patient populations including the immune compromised and the elderly. COVID-19 may also lead to a rare, but serious inflammatory condition called multisystem inflammatory syndrome in children ("MIS-C") or pediatric multisystem inflammatory syndrome ("PIMS"). Although coaches and volunteers may be asked symptom questions prior to daily participation to help minimize risk of exposure to COVID-19, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. My child's participation could therefore still be hazardous to my child and others, both known and unknown to myself, with whom my child may have contact. I UNDERSTAND AND VOLUNTARILY ASSUME THE RISK THAT MY CHILD MAY ACQUIRE COVID-19, AND THAT COVID-19 MAY SUBSEQUENTLY BE TRANSMITTED FROM MY STUDENT TO ME, MY FAMILY, MEMBERS OF MY HOUSEHOLD, AND/OR OTHER MEMBERS OF THE COMMUNITY, KNOWN OR UNKNOWN TO ME.

While instruction and reasonable supervision will be provided, staff cannot ensure my student's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.

I certify that my child currently has no fever or other COVID-19 symptoms, and has no current issues that make it unsafe for my student to participate, which may not have a medical professional on site. I will notify the team and not send my child to participate if my student develops a fever or illness or tests positive for COVID-19. I acknowledge that my child and I are responsible for ensuring that he or she takes any necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the league, the team, its insurers, the Arizona Pop Warner Federation, Pop Warner National Organization, and all of their respective coaches, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or my household members—whatever the cause—due to my student's participation. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my student, or my household members resulting from participation.

Parent/Guardian Name (Printed): _____
Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____