



Parent Permission, Agreement, Assumption of Risk, and Waiver of Liability For Participation in Wentzville Heat Volleyball and Activities

I understand and acknowledge that federal and state government officials have declared that there currently exists a public health crisis in your community related to the Coronavirus Disease 2019 (COVID-19), that COVID-19 is, or may be, extremely contagious, that social distancing is recommended, and that congregation of groups of people be restricted.

I agree to abide by all COVID-19 guidelines and other COVID-19-related policies and procedures, which may change over time as circumstances change over time.

For the safety of our staff, Athletes, parents, and other visitors, **WENTZVILLE HEAT VOLLEYBALL CLUB** requires all persons participating in its Activities to understand, acknowledge, assume the risk thereto, waive (*i.e.* release) liability, and agree to abide by our COVID-19 protocols, as follows (*please initial the following*):

_____ I confirm that I will not permit my child to participate in the program or activity if at any time during the program or activity, my child is showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains). I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child has been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. I agree that in such situations my child will be unable to participate in the program or activity until: (i) 14 calendar days after the symptoms first appeared and my child is no longer showing any symptoms; or (ii) a healthcare provider has confirmed in writing that my child has tested negative for COVID-19 or that my child's symptoms were not due to COVID-19.

_____ I understand and acknowledge that WENTZVILLE HEAT VOLLEYBALL CLUB cannot prevent the possible transmission or contraction of COVID-19 for my child. Further, participating in related events and activities could increase your and/or, if applicable, your Athlete(s)/child(ren)'s risk of contracting COVID-19.

_____ I request that my child be allowed to participate in the Athletic Activities and I give my permission for my child to do so during the COVID-19 pandemic.

_____ I am fully informed concerning, understand the risks of returning to volleyball practices and/or competition, and knowingly and voluntarily consent to, my/my child's immediate return to participation in athletic activities so during the COVID-19 pandemic.

_____ I understand, appreciate, acknowledge, accept, and assume the liability and risks associated with such return to activity so during the COVID-19 pandemic, including the risk of exposure to COVID-19, and agree to comply with all relevant Protocols established by the Wentzville Heat Volleyball Club.

_____ I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my child's participation in athletics during the COVID-19 pandemic.

The undersigned agrees to release, discharge, hold harmless and indemnify **WENTZVILLE HEAT VOLLEYBALL Club**, its directors, coaches, members, agents, and/or employees, officers, and others acting on Wentzville Heat Volleyball Club's behalf (the Releasees), of and from any and all claims, demands, causes of action and or legal liabilities for loss or damage to person or property, injuries, illness, disability, or death of my child occurring during, or resulting from, or participation in the above-mentioned program or activity, including in any way to COVID-19, whether a COVID-19 infection occurs before, during, or after participation, even if the cause, damages or injuries are alleged to be the fault of or alleged to be caused by the negligence or carelessness of the Releasees.

I certify that, as parent/guardian, with legal responsibility for this participant, I have read and explained the provisions in this waiver/release to my child including the risks of presence and participation and the personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. My child understands and accepts these risks and responsibilities. I for myself, my spouse, and child do consent and agree to the releases provided above for all the Releasees and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's presence or participation in these activities as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent provided by law.

Participant's Name: _____ **Date:** _____

Parent / Guardian Signature: _____ **Print Name:** _____