

Athlete/Staff Requirements and the Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, 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 will only allow staff assigned to work and athletes scheduled to participate to be in our gym. Parents wishing to remain on site can use the parking lot to wait for their athlete(s). Athletes waiting to attend a session will need to wait outside while maintaining social distance from others.

Furthermore, all participants in sponsored activities at the Alliance Training Center must agree to and abide by the following:

- Be symptom free for at least 14 days prior to any activity
- Take temperature within 1 hour of training session and stay home if temp is 100.4 degrees Fahrenheit or higher
- Stay home if you are sick or do not feel well or have had fever within last 48 hours
- Be aware of and disclose any potential contacts with affected individuals
- Wash and sanitize your hands often
- Do not touch your face, eyes or mouth with unclean hands
- Practice social distancing regularly
- Refrain from contacting other participants and attendees (high fives and huddles)
- Wash and sanitize hands before and after each session

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

By signing this 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 Alliance activities 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 Alliance Training Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Alliance 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 Alliance Training Center or participation in Alliance programming ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Alliance Volleyball 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 Alliance or the Alliance Training Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Alliance activity.

Participant's Name(s): _____

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

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

Signature(s) of Parent/Legal Guardian: _____

Date: _____