

LIABILITY WAIVER AND MEDICAL RELEASE

Hurricane Volleyball Academy

Player Name: _____ Birthdate ____/____/____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name if under 18): _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Relationship to Player: _____

Existing Medical Coverage: _____ Plan #: _____

Known Allergies: _____

Current Medications or Medical Conditions: _____

RISK OF INJURY:

I hereby voluntarily permit my child to participate in **Hurricane Volleyball Academy (“HVA”)** activities. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS, ILLNESS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, ILLNESS OR DEATH THAT MAY COME TO MY CHILD.

COVID-19 AWARENESS AND ACKNOWLEDGMENT OF RISK OF PARTICIPATION:

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that while HVA has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19, HVA cannot guarantee that my child or myself will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HVA staff, and other team members and their families.

I voluntarily allow my child to participate in HVA events and acknowledge that I am increasing his/her risk and my risk to exposure to the Coronavirus/COVID-19 by doing so.

I further acknowledge that I must comply with all set procedures to reduce the spread while attending HVA events. This includes refraining from participation in HVA events if you or your child are experiencing any of the following:

- Any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- Traveled internationally within the last 14 days
- Traveled to a highly impacted area within the United States of America in the last 14 days.
- Have reason to believe you have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- Have been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

As consideration for being permitted by HVA to participate in these activities, I hereby release and hold harmless HVA, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage, illness or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold HVA (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury, illness and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to HVA Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to HVA Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND HURRICANE VOLLEYBALL ACADEMY AND SIGN IT OF MY OWN FREE WILL.

_____ Date _____

Parent or Guardian Signature