



COVID Waiver and Release of Liability

Player Name _____ **Grade** _____

By voluntarily participating in KidzPlay Basketball, I confirm the following shall apply:

I have chosen to voluntarily participate in the Basketball Program listed above at Florence Avenue Foursquare Church.

I agree to temperature checks for each practice and each game. I have not been in close contact, meaning within 6 feet of someone suspected or confirmed to have Covid-19. If I do become exposed to COVID-19 I must notify the coach immediately after exposure or the first sign of symptoms.

I am not experiencing any of the following symptoms: new or unexplained cough, congestion or runny nose, new or unexplained or worsening shortness of breath, sore throat, new loss of taste or smell, fever or chills, new unexplained muscle or body aches or fatigue, headaches, nausea, vomiting, or diarrhea.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while attending the practices and games and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that Florence Avenue Foursquare Church cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each participant.

I hereby indemnify, release, discharge, and hold harmless Florence Avenue Foursquare Church and their respective staff and volunteers from any and all claims, actions, costs, expenses, judgements, liabilities, damages, losses, and demands of any and every kind and character and under any and all theories of law or equity (including attorney's fees), and from any and all liability for any loss of property, damage or personal injury of any kind, nature or description, that may arise or be sustained by me or by any third party, during or related to my attendance. This release will be binding upon my/our heirs, administrators, executors and assigns.

My signature below confirms that I have read, understand, and voluntarily agree with the terms listed in this Waiver and Release.

Parent Name _____

Parent or Guardian Signature _____ Date _____