

**Event: OPEN GYM**

Player First & Last Name:

Street Address:

City, State, Zip:

DOB:                                      Age:                                      Grade:

School:

Medical Insurance Provider:

Policy/Group #:

Doctor Name and Phone:

Parent/Guardian Name:

Primary Phone:

Emergency Contact (other than primary guardian):

Phone Number:

Has the player been treated for concussion in past 24 months?

Yes: list date:                                       No

Does the player have any medical conditions/allergies?

Yes  No      Please explain:

**Participation Consent and Insurance Statement**

The Participant being registered, has my permission to participate in training, competition, events, activities and travel sponsored by Ignite Volleyball Club & Foundation, USAV, SCVA or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

**EMERGENCY MEDICAL /DENTAL CARE AUTHORIZATION**

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

**Release of Liability**

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL ACTIVITIES, including but not limited to, practices, fitness training, scrimmages and tournaments. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE

AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or related to my traveling to and from or my participation in any volleyball related activity. THE FOLLOWING PERSONS OR ENTITIES: Ignite Volleyball Club & Foundation its board members, officers, directors, employees, coaches, volunteers, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

**Conduct and Parking Policy**

All participants and players are expected to conduct themselves in an appropriate manner as a participant/member of Ignite Volleyball Club. Participants will show good sportsmanship towards all teams, parents, officials, coaches/ staff. They will refrain from using loud, profane or inappropriate language at all Ignite events. As a parent/guardian I will ensure that my child demonstrates respectful behavior at all times. I understand that coaches (or adult supervisors) of Ignite Volleyball Club & Foundation retain the right to sit-out or send me/my child home in the event we/he/she acts in a manner that is disrespectful or could harm themselves or others. Examples include students who do not follow their coaches' instruction, use violence, threaten, taunt or demean other players, destroy property, or prevent others in any way from participating, or exhibit behavior that is unsportsmanlike in any way. I further agree that I will be responsible for any transportation or expenses incurred in accordance with this policy.

If I have a concern or grievance in regard to the Coach/instructor I will contact the appropriate coach or staff in a respectful manner. If it is not resolved I will ask for a meeting with the Director to assist in finding a solution. If I do not follow this procedure, I understand that it can affect my/my child's participation with Ignite.

**Parking**

I will adhere to the Ignite parking policy and will only park in designated Ignite parking or as directed. If asked to move my vehicle I will comply. If parking violations continue, Ignite VBCF retains the right to suspend/revoke participation in Ignite activities.

**Agreement(s): check all that apply**

- I/We have read, understand the Emergency Medical /Dental Care Authorization as outlined above and  I authorize emergency medical/dental care for self/my child  I DO NOT authorize emergency medical/dental care for self/my child.
- I/We have read, understand the Participation Consent and Insurance Statement.
- I/We have read, and agree to comply with the Release of Liability, Conduct and Parking policy agreement.

Signature: \_\_\_\_\_  
(Guardian/Participants 18 and older)

Date: \_\_\_\_\_

**COVID-19 WAIVER**

**WAIVER AND RELEASE OF LIABILITY, EXPRESS ASSUMPTION OF RISK, INDEMNITY AND HOLD HARMLESS AND VOLUNTARY CONSENT AGREEMENT**

THIS AGREEMENT MUST BE CAREFULLY READ AND SIGNED IN CONSIDERATION OF my ability to participate with IGNITE VOLLEYBALL CLUB & FOUNDATION (hereinafter, the Club) in all volleyball training practices or related/affiliated activities and any associated use of premises, facilities, staff, equipment, transportation and services of the Club. The undersigned, on behalf of himself/herself, his/her minor child, his/her personal representative, heirs, and next of kin (hereinafter collectively, the "UNDERSIGNED") hereby:

1. **EXPRESS ASSUMPTION OF RISK:** UNDERSIGNED hereby acknowledges and understands that the World Health Organization has declared COVID-19 a worldwide pandemic. COVID-19 is extremely contagious and spreads mainly from person-to-person contact. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions may have a higher risk for severe illness from COVID-19. There have been recommended guidelines and preventative measures put in place to reduce the spread of COVID-19; however, it CANNOT GUARANTEE that UNDERSIGNED will not become exposed to or infected with COVID-19, despite reasonable efforts to mitigate such dangers. Furthermore, the Activities could increase UNDERSIGNED's risk of contracting COVID- 19. By signing this Agreement, UNDERSIGNED acknowledges the extremely contagious nature of COVID-19 and voluntarily assumes the risk that UNDERSIGNED may be exposed to or infected with COVID-19 from the Activities, and that such exposure or infection may involve the RISK OF SERIOUS INJURY, ILLNESS, PERMANENT DISABILITY AND/OR DEATH. UNDERSIGNED understands that the risk of becoming exposed to or infected with COVID -19 by

UNDERSIGNED's participation in the Activities may result from the actions, omissions, or negligence of others and/or UNDERSIGNED, including, but not limited to, the RELEASEES (as defined below). UNDERSIGNED hereby expressly assumes all such risks and dangers whether presently known or unknown.

2. **Description of Activity or Program (The Activities) :** Practices, personal training, or gatherings of any kinds involving volleyball, including but not limited to, conditioning, cross-training, education, clinics, or other activities located in the Club practice locations.
3. **WAIVER AND RELEASE:** In return for being permitted to participate in t h e A c t i v i t i e s UNDERSIGNED hereby **RELEASES, WAIVES, AND FOREVER DISCHARGES** , the Club, its directors, coaches, staff, volunteers, or and other program participants and their families from liability from any and all claims, including the negligence of the Club, resulting in personal injury, death, accident or illness, and property loss, in connection with participation in the Activities and any use of the premises and facilities.
4. **INDEMNITY AND HOLD HARMLESS:** UNDERSIGNED hereby agrees to indemnify and hold the Club harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, arising out of the undersigned's involvement in the Activities, and to reimburse the Club for any such expenses incurred.
5. **INFORMED CONSENT AND VOLUNTARY PARTICIPATION:** UNDERSIGNED fully acknowledges and understands that COVID-19 is extremely contagious. UNDERSIGNED has taken it upon himself or herself to be fully informed of the numerous risks and potential dangers associated with COVID-19, including SUFFERING SEVERE PERSONAL INJURY OR DEATH. UNDERSIGNED acknowledges that he or she has been informed that his or her PERSONAL SAFETY CANNOT BE GUARANTEED. UNDERSIGNED acknowledges that

his or her participation in the Activities are completely voluntary, and he or she believes that the potential benefits of participation and/or services provided outweigh the risk and danger associated with COVID-19. For more information please see the Center For Disease Control's site at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

6. **Dates:** January 1, 2021 thru December 31, 2021
7. **Severability and Governing Law and Jurisdiction:** This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California. UNDERSIGNED acknowledges that THIS AGREEMENT IS INTENDED TO BE FULLY SEVERABLE, and that if any portion of this Agreement is held invalid, it is agreed that the balance the Agreement shall continue in full legal force and effect. That shall include modifying the Agreement to allow the remainder of claims to be waived, released, and indemnified against in the event that the inclusion of any particular type of claim is found to be invalid or contrary to public policy. This Agreement is to be interpreted and enforced under the laws of the California.
8. **Health Agreement:** UNDERSIGNED acknowledges that it is his or her responsibility to do all of the following: (1) exercise caution and follow any CDC or OSHA issued protocols (including without limitation those guidelines specifically referenced to protect the health of the UNDERSIGNED); (2) inform the Club of any Activities which the UNDERSIGNED does not feel comfortable performing; (3) cease any activity and promptly report any physical discomfort, illness or complications while participating in any Activity; and (4) clear his or her participation of any Activity with his or her personal physician. UNDERSIGNED also agrees, represents and warrants that he or she will not participate in any Activity if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of

breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19.

9. **Acknowledgement of Understanding:** UNDERSIGNED hereby accepted all terms set forth herein and acknowledges this is the complete agreement between the parties regarding these issues, and UNDERSIGNED agrees and acknowledges that NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS HAVE BEEN MADE APART FROM THIS AGREEMENT. UNDERSIGNED HAS COMPLETELY READ BOTH PAGES OF THIS AGREEMENT, FULLY UNDERSTANDS ITS TERMS, AND UNDERSTANDS THAT THIS IS AN IMPORTANT LEGAL DOCUMENT AFFECTING SUBSTANTIAL LEGAL RIGHTS. UNDERSIGNED SIGNS THIS DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO HIM OR HER AND UNDERSIGNED INTENDS HIS OR HER SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. UNDERSIGNED was given ample opportunity to read the Agreement and/or have it reviewed by legal counsel of his or her choice. UNDERSIGNED was also offered a copy of this Agreement.

<b>Signature of Participant:</b>	<b>Date</b>
<b>Name of Participant:</b>	<b>Date of Birth</b>
<b>Signature of Parent/Guardian</b>	<b>Date</b>
<b>Print Name of Parent/Guardian</b>	