

**LOWER ALABAMA VOLLEYBALL  
PARENTAL/GUARDIAN COVID-19- PLAYERS AND COACHES  
CONSENT FORM AND LIABILITY WAIVER**

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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone : \_\_\_\_\_ Business phone: \_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. Lower Alabama Volleyball will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its volleyball practices, camps, clinics, tournaments and all team or club activities. However, even though such standards will be followed and reasonable measures put into place, Lower Alabama Volleyball cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Lower Alabama Volleyball activities 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 that my child(ren) and I may be exposed to or infected by COVID-19 by participating in Lower Alabama Volleyball 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 Lower Alabama Volleyball's activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Lower Alabama Volleyball employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, \_\_\_\_\_, grant permission for my child or myself, \_\_\_\_\_, to participate in Lower Alabama Volleyball activities that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, and hold harmless Lower Alabama Volleyball, their members, directors, officers, employees, agents and representatives ("Indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

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