



The 2019 Novel Coronavirus Disease (COVID-19) pandemic remains an evolving situation. The Bloomington Blades Youth Hockey Association's top priority is, and will remain, ensuring the health and safety of our players, staff, families, as well as that of anyone attending our practices and games.

This waiver/form applies for the 2020/2021 Travel Hockey Season. All players will need to fill out this form before they will be allowed on ice.

If you are at risk or feel uncomfortable being in a hockey rink, please stay home. We strongly recommend you don't put yourself at risk. Your players will be just fine next season if they don't skate this summer. However, if you feel comfortable with all of this, we welcome you (from 6 feet away) with open arms!

Player Name: _____
First Name Last Name

Parent Name: _____
First Name Last Name

Email: _____

Phone: _____
(###) ###-####

PROGRAM WAIVER AND RELEASE OF LIABILITY. READ BEFORE SIGNING

In consideration of you or your player being allowed to participate in any way with Bloomington Blades Youth Hockey Association for activities and related events associated with the 2020/2021 Travel Hockey, the undersigned acknowledges, appreciates, and by signing this document binds all participants, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as COVID-19, MRSA, and influenza) from the activities involved in this program are existent, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; **and**,
2. We knowingly and freely assume all such risks on behalf of our self and/or our player, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE PLAYER/PARENT/COACH or others, and assume full responsibility for our self and/or player; **and**,
3. We willingly agree to comply with the stated and customary terms and conditions for participation. If, however, we observe any unusual significant hazard during our presence or participation, we will remove our members from participation and bring such to the attention of the nearest official immediately; **and**,
4. We acknowledge that we are aware that there are risks to our self and/or player of exposure to directly or indirectly arising out of, contributed to, by, or resulting from: An outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID19) and/or any mutation or variation thereof;
5. In consideration of having the opportunity to participate as either a team member or competitor at location, and in acknowledging that we are aware of and willing to assume the risks associated with this activity, we hereby voluntarily agree to waive, hold harmless and indemnify the Bloomington Blades Youth Hockey Association, its trustees, agents, and volunteers from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of any negligence which our program, their heirs, their assigns or successors may have against them for, on account of, or by reason of our programs participation in the above activities. We indicate our agreement to this hold harmless elective noted below.

I AND/OR OUR PLAYER, HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT OUR SELF AND/OR OUR PLAYER HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I Agree Player Signature: _____ Date: _____

I Agree Parent(s) Signature: _____ Date: _____



Health Self-Monitoring Guidelines: Your first line of defense against COVID-19 is you! All Bloomington Blades Youth Hockey Association players, coaches and families should self-monitor their health before coming to practice and games.

If you answer 'YES' to any of these questions, contact your Team Manager and/or coach and do NOT come to practice or the game:

1. Do I feel abnormally hot or cold like I have a fever? If yes, have I checked my temperature? Was it 100.4F or higher?
2. Do I have a new onset cough in the last few days?
3. Do I have a new onset shortness of breath or difficulty catching my breath?
4. Have I lost my sense of taste and/or smell?
5. Do I have abdominal pain and diarrhea?
6. Do I have new body aches, muscle pains or a headache?
7. Do I have any other reason I feel I am ill and shouldn't go to practice or the game?

Please, do your part to help keep everyone safe!