



## PROGRAM COVID-19 WAIVER

### ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND AGREEMENT TO ABIDE BY COVID-19 PROTOCOLS

The novel coronavirus (or COVID-19) has created a pandemic resulting in a State of Emergency in California. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health officers have required or recommended social distancing and, in many instances, have prohibited or significantly limited the congregation of groups of people. Sacramento Warlords is complying with guidance and taking reasonable steps to mitigate the risk of spreading COVID-19. However, this risk cannot be completely eliminated and Sacramento Warlords cannot guarantee that you and/or, if applicable, your child(ren) will not become infected with COVID-19. Further, participating in the Sacramento Warlords Basketball Program and related events and activities ("Program") could increase your and/or, if applicable, your child(ren)'s risk of contracting COVID-19. Consequently, for the safety of our coaches, players, parents, and other volunteers, Sacramento Warlords requires all persons participating in its activities during this pandemic to acknowledge an assumption of the risk, waive (i.e. release) liability, and agree to abide by our COVID-19 protocols, as follows:

#### **Assumption of Risk**

By signing this agreement, I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and, if applicable, my child(ren), may be exposed to or infected by COVID-19 by participating in the Program, 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 by participating in the Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other participants or Sacramento Warlords volunteers, and/or representatives. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm, loss, or injury to myself and/or, if applicable, my child(ren), including, but not limited to, any personal injury, disability, death, illness, damage, loss, claim, causes of action, liability, cost or expense of any kind, that I, or, if applicable, my child(ren), may experience or incur in connection with the Program ("Claims").

#### **Waiver of Liability**

In consideration for the Sacramento Warlords allowing me and/or, if applicable, my child(ren) to participate in the Program, I, on behalf of myself, and/or, if applicable, my child(ren), hereby release, covenant not to sue, discharge, and hold harmless the Sacramento Warlords, and any volunteers, and/or representatives thereof ("Releasees"), of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Sacramento Warlords, its volunteers, and/or representatives, whether a COVID-19 infection occurs before, during, or after participation in the Program.

#### **Agreement to Abide by COVID-19 Protocols**

I agree that I, and/or, if applicable, my child(ren), will not enter Sacramento Warlords tryouts, practices, tournaments, fundraisers and related events if I am, and/or he/she/they is/are, feeling ill, which includes, but is not limited to, the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, etc.

I understand and acknowledge that I, or, if applicable, my child(ren), may be denied entrance or admittance if the Sacramento Warlords determines that I am, or he/she/they is/are, showing any such symptoms, I warrant and represent that I am not aware of any medical condition of myself and/or, if applicable, my child(ren) which would render it inappropriate for me and/or him/her/they to participate in the Program.

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I agree to abide by all COVID-19 guidelines and other COVID-19-related policies and procedures, which may change over time as circumstances change over time. This may include hand washing requirements and temperature checks for myself and, if applicable, my child(ren). I agree to practice good hygiene etiquette such as sneezing into my elbow, utilizing tissues, and avoid touching my eyes, nose, and mouth, and, if applicable, to instruct my child(ren) to do the same.

I understand and acknowledge that my failure to abide by and/or my failure to ensure that any child of mine abides by this agreement may result in me and/or, if applicable, my child(ren), being removed from the Program.

**I HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND AGREEMENT TO ABIDE BY THE SACRAMENTO WARLORDS ATHLETIC/ACTIVITY COVID-19 PROTOCOLS, FULLY UNDERSTAND ITS TERMS.**

\_\_\_\_\_ Player Name

\_\_\_\_\_ Player Signature \_\_\_\_\_ Date

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her/their personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her/their release provided above for all the Releasees, and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence and/or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

\_\_\_\_\_ Parent/Guardian Name

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date