

SVYHC COVID WAIVER

SVYHC is requiring all participants to sign a COVID waiver.

Assumption of Risk/Waiver of Liability/ Indemnification Agreement for the SVYHC and Its Officers

a. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and Covid-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

b. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation;

c. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official or management immediately;

d. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the SVYHC, their officers, officials, agents and or employees, other participants, sponsors, and owners of premises used to conduct the event, with respect to any and all illness, disability, death or or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian, with legal responsibilities for this participant, have read and explained the provision in this waiver/release to my child/ward including the risks of presence and participation and his/her 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 release and agree to indemnify and hold harmless the releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, even if arising from their negligence, to the fullest extent provided by law.

Name of Participant: _____

Participant signature: _____

Date signed: _____

Name of Parent/guardian: _____ Parent guardian

signature: _____ Date signed: _____

ALL PARENTS MUST SUBMIT THIS SIGNED FORM TO svyhlpa@gmail.com BY MONDAY OCTOBER 5th TO PLAY OR BRING TO YOUR PLAYERS FIRST PRACTICE - NO EXCEPTIONS.