

COVID-19 Liability Waiver

IN CONSIDERATION OF, _____, **my child/ward**, I acknowledge the contagious nature of the COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that PATH Volleyball Academy LLC has put in place preventative measures to reduce the spread of the COVID-19.

I further acknowledge that PATH Volleyball Academy LLC cannot guarantee that I will not become infected with the COVID-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, volleyball club staff, and other volleyball club players and their families.

I voluntarily seek services provided by PATH Volleyball Academy LLC and acknowledge that I am increasing my risk of exposure to the COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

* I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the COVID-19.

* I have not been diagnosed with COVID-19 and not yet cleared as non contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the COVID-19.

If I am in violation of any of these COVID-19 prevention requirements, I will not be permitted to attend the session and may not be subject to a refund due to PATH Volleyball Academy's standard refund policy. I hereby release and agree to hold PATH Volleyball Academy LLC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the volleyball club, or that may otherwise arise in any way in connection with any services received from PATH Volleyball Academy LLC. I understand that this release discharges PATH Volleyball Academy LLC from any liability or claim that I, my heirs, or any personal representatives may have against the volleyball club with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from PATH Volleyball Academy LLC. This liability waiver and release extends to the volleyball club together with all owners, partners, and employees.

Parent Name: _____ (Print)

Parent Name: _____ (Signature) Date: _____

Player Name: _____ (Print)