



RETURN TO PLAY WAIVER

In consideration of being allowed to participate in any way in the St Pete Volleyball Club program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist.
2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others and assume all fully responsibility for my participation.
4. I willingly agree to comply with the stated and terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS ST PETE VOLLEYBALL CLUB, SHORECREST PREPARATORY SCHOOL & AAU, their officers, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 6. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE ACKNOWLEDGING AND SIGNING BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

ACKNOWLEDGEMENT BY ADULT PARTICIPANT: By acknowledging and signing in the adult participation section below, I agree and verify and the following:

- 1) I consent and agree to assume the risks of participation in the St Pete Volleyball Club program; and
- 2) that I specifically agree to the release as provide herein of all the Releases, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my involvement or participation in these programs EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

ACKNOWLEDGMENT BY PARENTS AND /OR LEGAL GAUARDIANS OF YOUTH PARTICIPANTS: By acknowledging and agreeing signing in the Youth Participants Participant section below, I agree to and verify the following:

- 1) I am the parent or legal guardian for the youth participant named below,
- 2) that the date of birth of the youth participant associated with the guardian account is correct,
- 3) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risk of his/her participation in these programs, and
- 4) that I specifically agree to his/hers release as provide herein of all the Releasees from any and all liabilities incident of this youth participant’s involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

YOUTH PARTICIPANT

Name: _____

Date of Birth: _____

PARENTS AND/OR LEGAL GUARDIANS

Name: _____ Date: _____

Signature: _____

ADULT PARTICIPANTS

Name: _____ Date: _____

Signature: _____

If you answer “YES” to any of the items below, you must remain at home: YES NO

Do you have a fever higher than 100 (without taking a fever reducing medication)?		
Do you have a cough?		
Are you experiencing a shortness of breath or difficulty breathing?		
Do you have the chills?		
Do you have a sore throat or body aches?		
Have you lost your sense of taste or smell?		
Do you have a headache?		
Have you experienced any GI symptoms such as nausea, Vomiting, diarrhea, or loss of appetite?		
Do you have a bacterial infection such as pink eye, strep throat that you have not been on an antibiotic for at least 24 hours?		
Have you been asked to self-isolate or instructed to quarantine by a medical professional or local health department official?		
Have you been in close contact with anyone who has been diagnosed with COVID-19 or been placed on quarantine for possible contact with COVID-19?		