MAVS VOLLEYBALL

4 on 4 REGISTRATION, ROSTER & WAIVER

TEAM NAME: _____ MANAGER'S NAME:_____

MANAGER'S PHONE #:_____ MANAGER'S EMAIL:_____

MAVS, LLC has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 in the gym environment; however, MAVS LLC cannot guarantee that you or your child(ren) will not become infected with COVID-19 by attending activities at any of the MAVS facilities and that such exposure or infection may result in personal injury, illness, permanent disability and possible death

I understand that the risk of becoming exposed to or infected by COVID-19 at MAVS may result from the actions, omissions or negligence of myself and others, including, but not limited to, club employees, volunteers, coaches, players and their families I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to personal injury, disability and possible death), illness, damage, loss, claim, liability or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at MAVS or participation in club programming.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless MAVS, LLC, its employees, agents, and representatives 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 claims based on the actions, omissions, or negligence of MAVS LLC, its employees, agents and representatives whether a COVID-19 infection occurs before, during or after participation in any activity.

NAME	ADDRESS	CITY	ST	ZIP	PARENT SIGNATURE	DATE