

Jr. Rangers COVID-19 Waiver Form

Screening:

Parents will follow the Minnesota Department of Health's Health Screening Checklist or the child's temperature will be taken before arriving to practice. If you answer yes to any Minnesota Department of Health's Health Screening Checklist question or have a fever you will not attend practice. Coaches will track attendance and keep in pods.

Liability Waiver:

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT RELATING TO Illness or COVID-19 EXPOSURE, illness or COVID-19 LIABILITY, AND illness or COVID-19 RISKS

In CONSIDERATION for myself and/or my children listed below being permitted to utilize the facilities and/or participate in the Jr. Rangers programs of the Lakes Volleyball Club. The undersigned acknowledges that they have reviewed the Jr. Rangers COVID-19 Plan.

The undersigned acknowledges and agrees that the Lakes Volleyball Club has taken certain steps to implement certain recommended guidance and recommendations issued by public health agencies for slowing the transmission of illness or COVID-19, including those listed above. The undersigned fully understands and appreciates both the known and potential dangers of participating in the programs and/or utilizing the facilities and acknowledges that use thereof by the undersigned and/or such participating children may, despite the Association's reasonable efforts to mitigate such dangers, result in exposure to illness or COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

THEREFORE, THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS or COVID - 19, BODILY INJURY, OR DEATH AND WILL HOLD HARMLESS AND RELEASE AND WAIVE ANY CLAIMS AGAINST Lakes Volleyball Club or any of their respective employees, volunteers and agents, from any loss, liability, damages or costs they may incur, whether caused by negligence, active or passive, or otherwise while the undersigned or any participating child is participating in any program offered during the 2020 Fall Jr Rangers program sponsored by the Lakes Volleyball Club.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF ILLNESS, INJURY, DEATH FROM EXPOSURE TO ILLNESS OR COVID-19 AT ANY JR. RANGERS/ LAKES VOLLEYBALL CLUB EVENT OR DURING PARTICIPATION IN ANY PROGRAM. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS.

Minor Children Participants_____

Parent or Guardian Name_____

Parent or Guardian Signature_____

Date_____