

**PARTICIPANT WAIVER**

We, \_\_\_\_\_ (“Participant”) and \_\_\_\_\_ (“Participant’s Parent(s)”) hereby acknowledge that Participant is receiving private volleyball lessons from Boost Volleyball Clinics LLC (“Boost”) and that currently, a national COVID-19 pandemic exists which is a health threat to persons of all ages. Participant and Participant’s Parent(s) further acknowledge that even though Boost and its owners, employees and agents will conscientiously use social distancing and diligent and repeated hygienic procedures in order to help protect the safety of Participant while participating in volleyball lessons, Boost cannot guarantee that Participant will not become infected with COVID-19 as a direct result of participation in said volleyball lessons. Participant and Participant’s Parent(s), being fully knowledgeable about the health threat posed by COVID-19, hereby waive any and all claims that they may have against Boost or Boost’s owners, employees or agents in the event that Participant becomes infected with COVID-19 as a direct and proximate result of participating in said private volleyball lessons.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Participant’s Parent(s)

\_\_\_\_\_  
Participant’s Parent(s)



## Waiver and Release of Liability

I hereby acknowledge that participation in this sports clinic or private lesson and related activities is at the sole discretion and judgment of the parent or guardian of the participant and involves an inherent risk of physical injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless Craig Pitcher and Boost Volleyball Club and Clinics from any and all claims, actions, damages and liabilities for personal injury or other damage relating to or arising out of any sports club, lesson or clinic activity, except where the injury or damage is caused by the gross negligence of Craig Pitcher and Boost Volleyball Club and Clinics. Craig Pitcher and Boost Volleyball Club and Clinics are not responsible for lost or stolen property.

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Participant Name

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Parent Signature

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Parent Printed Name

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Date

## Photo Release

I give Boost Volleyball Club and Clinics permission to use photographs of my child for promotional materials, advertising, editorial or other purposes. This may include but is not limited to newsletters, posters, brochures, ads, post cards and web pages.

Yes, I agree to the above stated photo release for my child.

No, I do not agree to the above stated photo release.

Parent/Guardian Signature:

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