

Cornerstone Athletic Center Waiver - Please complete and return this form

535 Lakeview Plaza Blvd., Suite B, Worthington OH, 43085 | (614) 987-6045

Cornerstone Athletic Center / Greater Columbus Volleyball Club

Participant's Full Name (first, middle, last):

Today's Date:

Date of Birth:

Cell Phone #:

Address:

Function / Event / Activity (Lesson, Open Gym, etc.):

Email:

Emergency Contact:

Relationship:

Cell Phone #:

Assumption of Risk, Waiver, & Release of Liability

By signing this document, I certify that I, myself, as a participant or on behalf of my minor child, acknowledge and agree to the following:

1. Assumption of Risk: I acknowledge that the activity written above involves known and unanticipated risks which could result in physical or emotional injury, illness, paralysis or permanent disability, death, and property damage. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity. I voluntarily accept and assume full responsibility for such risks.

2. Waiver and Release of Liability: I understand that by participating in activities at Cornerstone Athletic Center, I am assuming the risk of injury or illness, both foreseeable and unforeseeable, on behalf of myself and/or my minor child. I hereby fully and forever release and hold harmless Cornerstone Athletic Center, associated facilities, its owner, employees, and/or agents from any and all claims, demands, damages, rights of action, present or future, resulting from participation in any program or use of the facility.

3. I represent that I have adequate insurance to cover any injury, illness, or damage that I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no physical or medical condition which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.

4. I understand that COVID-19 is a highly contagious virus, and it is possible to develop and contract COVID-19 even if I follow all safety precautions and those recommended by the CDC, local health department, & others. I understand that although the facility is following the current COVID-19 guidelines issued by the CDC to reduce the spread of infection, I can never be completely shielded from all risk of illness caused by COVID-19 or any other infections.

Participant Name (Print):

Signature:

Date:

Parent/Guardian Name (if participant is under the age of 18):

Signature:

Date: