

**East Valley Pop Warner (EVPW)**  
**Athletic/Activity Participation 2020**  
**Coach/Volunteer Waiver, Release, and Assumption of Risk Form**



I \_\_\_\_\_, knowingly and voluntarily accept, any and all risks associated with instructing/coaching students at camps, clinics, practices and competitions at a school campus or another venue. I acknowledge that my participation in East Valley Pop Warner (EVPW) is wholly voluntary..

I specifically assume all risks and hazards associated with my participation including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that I will be associating with parents and players and may contract or be exposed to COVID-19, and other viruses and diseases, through my participation. Potential symptoms of the COVID-19 virus may include but are not limited to the following: fever, cough, shortness of breath, difficulty breathing, and/or other flu-like symptoms. COVID-19 may be deadly, particularly in certain patient populations including the immune compromised and the elderly. Although the students and staff may have their temperatures taken and may be asked symptom questions prior to daily participation to help minimize risk of exposure to COVID-19, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. My participation could therefore still be hazardous to my child and others, both known and unknown to myself, with whom my child may have contact. **I UNDERSTAND AND VOLUNTARILY ASSUME THE RISK THAT I MAY ACQUIRE COVID-19, AND THAT COVID-19 MAY SUBSEQUENTLY BE TRANSMITTED FROM ME TO MY FAMILY, MEMBERS OF MY HOUSEHOLD, AND/OR OTHER MEMBERS OF THE COMMUNITY, KNOWN OR UNKNOWN TO ME.**

While guidance, instruction and reasonable supervision will be provided, EVPW cannot ensure my safety. Accidents and injuries happen, and it is impossible to eliminate the risk that I will suffer an injury or illness.

I certify that I currently do not have a fever or other COVID-19 symptoms, and I do not have any current issues that make it unsafe for my participation. I will notify the school and I will not participate if I develop a fever or illness or if I test positive for COVID-19. I acknowledge that I am responsible for ensuring that I take any necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I may be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the school district, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to me, or my household members—whatever the cause—due to my participation. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, or my household members resulting from my participation.

Coach/Employee Name (Printed): \_\_\_\_\_

Coach/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_