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Athlete Name \_\_\_\_\_

Waiver of Liability

I, individually and as the parents(s) or guardian(s) of the athlete named above, a minor, ask that he/she be admitted to participate in this event sponsored by Advancement Academy Volleyball Club (A2). In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claim for damages I may have against A2, the directors, coaching staff, representatives and/or assignees, for any and all damages which may be sustained and suffered by me (and the above named athlete) in connection with my association with or entry in this program(s), and which may arise in my traveling to, participating in, or returning from this program(s). As parent/guardian, I authorize A2 and its staff to act in the best interest of the applicant, at A2's discretion, in the event of injury to the applicant.

Further, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious, and it is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic, but still be contagious. A2 has put in place preventative measures to reduce the spread of COVID-19. However, it cannot guarantee that I, the athlete named above, or anyone else will not become infected with COVID-19. I am aware of this and understand that I am voluntarily allowing the above named athlete to participate in programs and activities offered by A2, knowing that it is impossible to completely prevent possible exposure to the COVID-19 virus.

I ACKNOWLEDGE the contagious nature of COVID-19 and VOLUNTARILY ASSUME THE RISK that the above named athlete may be exposed to or infected by COVID-19 by participating in an A2 athletic sports program(s), related event, or activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself, my spouse, guests, unborn child, or relatives. I understand that the risk of becoming exposed to or infected by COVID-19 at an A2 athletic sports program(s), related event, or activity may result from the actions, omissions, or negligence of myself or others, including, but not limited to, A2, the directors, coaching staff, representatives, assignees and/or program participants. I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further, I UNDERSTAND AND AGREE that this release includes any claims based on the actions, omissions, or negligence of A2, its directors, coaching staff, representatives, assignees and/or program participants whether a COVID-19 infection occurs before, during, or after participation in any A2 athletic sports program(s), related event, or activity.

Name of User (print) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of this Agreement: \_\_\_\_\_

Signature of User: \_\_\_\_\_ (or Parent/Guardian if User is under 18)