

CLUB LEGACY LLC, D/B/A LEGACY VOLLEYBALL CLUB
WAIVER/RELEASE FOR COMMUNICABLE DISEASES
INCLUDING COVID-19

Assumption of Risk/Waiver of Liability/Indemnification Agreement

In consideration of being allowed to participate on behalf of Club Legacy LLC, d/b/a Legacy Volleyball Club (“LVC”) in athletic program(s) (“Program(s)”) and related events and activities offered by LVC, the undersigned acknowledges and agrees that:

1. Participation in LVC Programs includes possible exposure to and illness from infectious diseases, including but not limited to influenza and COVID-19 (“Infectious Disease”). While LVC participation rules, Infectious Disease preparedness and response plan policies, and personal discipline may reduce the risk, the risk of exposure to, serious illness from, and death caused by such Infectious Disease exists while participating in LVC Program(s).

2. I understand that the risk of becoming exposed to or infected by an Infectious Disease, including COVID-19, while participating in LVC Programs may result from the actions, omissions, or negligence of myself, my child(ren), and others, including, but not limited to, LVC employees, volunteers, and other Program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, death, illness, damage, loss, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s participation in any LVC Programs (“Claims”). This Section 2 includes LVC Program(s) associated with any outside event(s), such as but not limited to tournament(s) associated with the LVC Programs.

3. I willingly agree to comply and have my child(ren) comply with all LVC rules and regulations and terms and conditions of participation in the LVC Programs regarding protection against Infectious Disease, including COVID-19.

4. On my own behalf and on behalf of my spouse (if applicable) and my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless LVC, its employees, agents, volunteers, representatives, affiliated and/or related companies, owners, officers, and shareholders/members, of and from any Claims, including, all liabilities, any and all injury, disability, death, illness, loss or damage to property, claims, actions, damages, costs or expenses of any kind arising out of or relating such Claims.

5. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of LVC, its employees, agents, volunteers, representatives, owners, officers, and shareholders/members, whether such Infectious Disease infection, including COVID-19, occurs during, before, or after participation in any of the LVC Programs.

Participant’s Name(s): _____ Team: _____

Participant’s Signature (if 18 or older): _____

Parent/Legal Guardian Name(s) (for participants under 18): _____

Signature(s) of Parent(s)/Legal Guardian(s): _____

Date: _____