

Assumption of Risk, Waiver, Release & Hold Harmless

Paris Volleyball Club - COVID-19 2022

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the Paris Volleyball Club (PVC). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

PVC will conduct extracurricular activities beginning in the Spring of 2022 and continuing into the Fall of 2022. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity, without appeal, if they do not comply. Extracurricular activities are a privilege, and not a right.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), PVC staff, volunteers, or agents, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the Paris Volleyball Club, its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

COVID-19 Daily Self-Checklist

- Do you have a **Fever** (temperature over 100.4F) without having taken any fever reducing medications?
- Do you have a **Loss of Smell or Taste**?
- Do you have a **Sore Throat**?
- Do you have **Shortness of Breath**?
- Do you have **Chills**?
- Do you have a **Headache**?
- Have you experienced any gastrointestinal symptoms such as **nausea/vomiting, diarrhea, loss of appetite**?
- Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

Signature of Parent/Guardian

Signature of Student

Print name of Parent/Guardian

Print name of Student

Date of signature

Date of signature