**LV FORCE Volleyball**

**Participation Waiver for Communicable Diseases Including COVID-19**

The COVID-19 pandemic has presented athletics across the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of furthering the spread of COVID-19, LV Force will take necessary precautions and comply with guidelines from the federal, state, and local governments, CDC, PA DOH, as well as KRVA and USA volleyball, to reduce the risks to athletes, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, LV Force reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our staff, athletes, and spectators.

Some precautionary methods of Athletics Guidelines include but may not be limited to:

1. Health screenings prior to any practice, event, or team meeting with participation in the activities being limited and/or prohibited where an individual displays positive responses or symptoms.

2. Encourage social distancing and promote healthy hygiene practices such as hand washing, using hand sanitizer, etc.

3. Intensify cleaning, disinfection in all facilities.

4. Educate Athletes, Coaches, and Staff on health and safety protocols.

5. Require Athletes and Coaches to provide their own water bottle for hydration.

By signing this form, the undersigned voluntarily agree to the following Waiver and release of liability. The undersigned agree to release and discharge all claims for ourselves, our heirs, and as a parent or legal guardian for the athlete named below, against LV Force, successors, assigns, officers, agents, employees, and volunteers and will hold them harmless from any and all liability or demands for personal injury, psychological injury, sickness, death, or claims resulting from personal injury or property damage, of any nature whatsoever which may be incurred by the athlete or the undersigned relating to or as a result of the athlete’s participation in athletic programs, events, and activities during the COVID-19 pandemic.

The undersigned acknowledge that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. The undersigned further acknowledge that they are aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist. We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for athletes’ participation in athletics during the COVID-19 pandemic. We willingly agree to comply with the stated recommendations put forth by LV Force to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the athlete is in good physical condition or believe athlete to be in good physical condition and allow participation in this sport at our own risk.

Athlete Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Athlete:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_