



AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

Name of Player: _____

Assumption of Risk

I warrant and represent that:

1. The above named player (“Player”) is in good health and has not displayed any symptoms of the Coronavirus COVID-19 (“COVID-19”) including but not limited to a fever of 100 degrees or more, persistent cough, difficulty breathing, chills, muscle pain, sore throat, and/or loss of taste or smell on the day of or in the 10 days prior to participation in Higher Level Camps, Inc. tryouts, camps, practices, games, tournaments or trainings (each an “HLC Activity” and collectively “HLC Activities”);
2. The Player has not tested positive for COVID-19 on the day of or in the 14 days prior to participation in an HLC Activity;
3. No one the Player lives with has tested positive for COVID-19 on the day of or in the 14 days prior to participation in an HLC Activity;
4. To the best of my knowledge, the Player has not been otherwise in close contact with anyone who has tested positive for COVID-19 or displayed symptoms of COVID-19 on the day of or in the 14 days prior to participation in an HLC Activity.
5. The Player does not have a medical condition or physical injury that would be compromised by participation in the HLC Activity which include intense physical activity and exertion; and
6. The Player has full medical insurance.

I understand and agree that I have an affirmative obligation to verify that the above warranties and representations remain true and correct for all future HLC Activities which the Player attends. I agree that I will not allow the Player to attend or participate in an HLC Activity if any one of the above representations or warranties is not true.

By signing this agreement, I acknowledge Higher Level Camps, Inc. (HLC), cannot guarantee that I or the Player or our family will not become infected with COVID-19 while attending or participating in HLC Activities. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the Player or I, as well as other family members, may be exposed to or infected by COVID-19 as a result of the Player’s participation in HLC Activities and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 at an HLC Activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to HLC employees, volunteers, and program participants and their families. I acknowledge that, due to the inherent nature of the HLC Activities, maintaining social distancing of at least six feet apart between individuals is not always feasible. I further acknowledge and

agree that there is a risk of injury from participating in HLC Activities, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume on my behalf and the behalf of the Player all such risks.

In consideration of the Player being allowed to participate in HLC Activities, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or the Player or our family members including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or the Player or our family members may experience or incur in connection with HLC Activities including those resulting from exposure to or infection by COVID-19 (“Claims”). On my behalf, and on behalf of the Player, I hereby release, covenant not to sue, discharge, and hold harmless HLC, its officers, directors, employees, agents, owners, and representatives (“Releasees”), of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of HLC, its employees, agents, and representatives. I do not waive any Claim against a Releasee that arises out of that Releasee’s intentional or reckless acts.

I HAVE READ THIS AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I ON MY BEHALF AND ON BEHALF OF THE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I WARRANT AND REPRESENT THAT I AM THE PARENT OR GUARDIAN OF THE PLAYER IDENTIFIED ABOVE AND THAT I HAVE THE LEGAL CAPACITY TO EXECUTE THIS AGREEMENT ON THE PLAYER’S BEHALF.

Signature of Parent/Guardian: _____

Relationship to Player: _____

Date: _____

CONTACT INFORMATION:

Address: _____

Telephone number: _____

Email address: _____

*Please note that if the Parent/Guardian’s contact information is different from the Player’s Contact information please provide both.