

Assumption of Risk and Waiver of Liability Related to Corona Virus

All Coaches/Trainer/Athletes must have a signed Covid-19 Waiver on file with us before participating in any Illinois Performance Volleyball practice/training/lesson or other club related activity.

There is an inherent risk of exposure to COVID 19 in any public place where people are present. COVID 19 is an extremely contagious disease that can lead to severe illness and death.

We value the health and well being of our Coaches/Trainers/Athletes and ask for your cooperation with the following policies to help keep us all safe and healthy.

Coaches/Trainers/Athletes:

- Stay home if feeling sick, feverish or experiencing any Covid-19 symptoms.
- Contact us if confirmed with Covid-19 or exposed to someone with Covid-19 so we can contact the necessary parties if needed.
- Wear a facemask per current DCEO policies for Illinois. We will adjust as needed.
- Maintain social distancing of 6 feet from others where possible.
- Plan to be dropped off in front of facility 5 minutes prior to your start time.
- Facility or IPV will take your temperature and ask that you use hand sanitizer before entering the facility.
- Bags are now allowed in the facilities; please use hooks if provided or maintain a distance between bags.
- Spectators are not allowed in the facilities, we will advise if this changes.
- Avoid touching your face, eyes or mouth during practice/training/lesson.
- Cover your mouth/nose with tissue or elbow if you cough or sneeze.
- Avoid close contact with others- high fives/huddles...
- No socializing after practice/training/lesson. Athletes should leave upon completion so next group can enter.
- Hand sanitizer will be available by court and other areas of the facility.
- Carry your own water bottle. Water fountains will not be available.
- Balls and equipment will be sanitized following each practice/training/lesson.
- Facilities are adhering to the guidelines provided by Restore Illinois and Illinois Department of Public Health.

By attending any Illinois Performance Volleyball- IPV practice, training or lesson you voluntarily assume all risks related to exposure to COVID 19.

I have read, understand and agree to assume the risk of exposure to Covid-19 during participation with Illinois Performance Volleyball-IPV.

I hereby grant permission for my daughter _____, to attend practice/training/lessons offered by Illinois Performance Volleyball, Inc. My daughter has no medical condition or Covid-19 symptoms that would interfere with her participation or the well being of others. I release the instructors, club, facility and all staff from any liability due to Corona Virus exposure.

Parent Signature: _____ Date: _____

IPV Event Waiver

Participant Information:

Athletes Name: _____ Parent Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Parent Cell or Emergency Contact: _____

Email Address: _____ @ _____

School: _____ Grade in fall: ____ B-day: _____

Height: _____ Hand: _____ Preferred Position (S/OH/MH/Ds...) _____

VB Experience: _____

Type of Camp/Lesson (Private/Prep/Camp...) _____

Amount Due: _____ Check #: _____ Date Paid: _____

Waiver:

I grant permission for clinic/lesson photos (including my daughter) to be posted on the Illinois Performance Volleyball, Inc. (www.ipvbc.com), or IPV Social Media sites.

I grant Illinois Performance Volleyball, Inc. (IPV) permission to contact me about future clinics, lessons, volleyball programs and tryouts.

I hereby grant permission for my daughter _____, to attend clinics/lessons offered by Illinois Performance Volleyball, Inc. My daughter has no medical condition that would interfere with her participation in the clinic. I release the clinic/lesson instructors, clinic/lesson facility and all staff from any liability from injuries which may occur.

Parent Signature: _____ Date: _____

If, during the course of my daughter's/son's activities in volleyball, she should become ill or sustain an injury, I **do** authorize the Illinois Performance Volleyball, Inc. staff to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

OR

Parent Signature: _____ Date: _____

I **do not** authorize emergency medical/dental care for my daughter/son.

Parent Signature: _____ Date: _____