



**Team Richmond Basketball
COVID-19 and Medical WAIVER**

All players (or parent) are required to complete the Team Richmond Basketball Covid-19 and Medial Waiver form acknowledged and signed prior to participation in any pending basketball tryouts, open gym, games, tournament(s) or related events. Parental signature is mandatory for player participation below the age of consent.

Player: _____

Team: _____

Covid-19 NOTE: Team Richmond will perform a temperature check with a no-touch thermometer that will be disinfected between each use. If a player's temperature is above the CDC guideline of 100.4 degrees, that player will not be allowed to play that day and will not be allowed back in the gym for at least 14 days.

Parent/Guardian Agreement

This is a legally binding assumption of risk, covenant not to sue, agreement to indemnify and release and waiver of liability made by me and acknowledged by my voluntary signature listed.

- 1). I understand that participation in sports has an inherent risk and unforeseen risk in basketball. As such, I hereby accept and assume all risks or possible injury to my child/children and myself including, but not limited to injury, sickness, hospitalization and hereby assume all responsibility for any losses, cost or damage related to such participation even if caused in whole or in part by the negligence of any Team Richmond Basketball volunteer or agents in representation. Emergency medical attention will be sort should the situation warrants.
- 2). I, the undersigned, acknowledge the contagious nature of Coronavirous (COVID-19) and voluntarily assume the risk that I or my child may be exposed to or infected by COVID-19 by attending activities, tryouts, practices, open gym workouts of the organization and that such exposure or infection may result in personal injury, illness permanent disability and death. I agree to voluntarily assume all risks and to indemnify and hold harmless Team Richmond Basketball and its employees from any and all liability, loss, expenses or claims that may result from contraction of COVID-19 arising from participation in any tournaments, tryout, practices, open gym workouts or related activities.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Note: Electronic acceptance of the medical waiver is a valid acknowledgement of responsibility by the parent, guardian and/or adult party registered in Team Richmond League Apps.