

Mandatory Protocols for Human Soccer/Knockerball

1. It is understood that only persons who have signed a full waiver of liability/assumption of risk form may use the equipment or participate. THIS INCLUDES ANY EMPLOYEE OR VOLUNTEER PARTICIPATING DURING OR AFTER HOURS. Minors MUST have a parent or guardian sign the waiver. Waivers must state explicitly:
 - a) There are inherent risks
 - b) Management assumes no responsibility for injury. Play at your own risk.
 - c) Participant maintains sufficient insurance or resources for the treatment of any injury.
 - d) Do not participate if you have a pre-existing injury or condition that prevents safe play or is at risk of re-occurrence during play.
 - e) Participant assumes responsibility for any damage or injury to others caused by his or her failure to follow rules or instructions
2. It is understood that the use of the equipment shall be limited to a designated area, which shall be inspected prior to each use for holes, tripping hazards, wet/slippery areas, etc.
3. It is understood that the entrance to the use area shall have conspicuous signage stating that there are inherent dangers, all participants do so at their own risk, and all participants assume liability for any willful violations of rules or instructions.
4. It is understood that the use of the equipment is for organized “games” only. “Free Play” is prohibited. “Games” shall not include animals or vehicles of any kind, deliberately placed hazards, jumps, trampolines, etc.
5. All “games” shall be proctored by properly trained staff. Inappropriate match-ups (in terms of size, age, etc.) will be avoided.
6. All manufacturer instructions for the equipment shall be noted, reviewed with all staff, and adhered to.
7. It is agreed that this coverage is not workers compensation. Employees and/or volunteers are not covered for their injuries.

THE UNDERSIGNED AGREES THAT THE ABOVE IS REASONABLE AND UNDERSTANDS THAT THE ABOVE IS CONSIDERED TO BE PART OF THE POLICY. FAILURE TO FOLLOW THE ABOVE SHALL BE GROUNDS FOR A DENIAL OF COVERAGE.

Name, Title, Name of Insured, Date