



Xplosion Volleyball Club LLC
Player/Parent Communicable Disease Waiver 2025-26

In consideration of being allowed to participate in an Xplosion Volleyball Club activity, the undersigned acknowledges, appreciates, certifies and agrees that:

1. My participation includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness, injury, and death does exist; and,
2. If I have a pre-existing health condition, exposure to any other infectious disease may be more likely to cause serious illness, injury, or death; and
3. Xplosion Volleyball Club LLC cannot ensure that all other participants, including coaches and volunteers, are taking precautionary measures to mitigate risks to ensure the health and safety of other participants, coaches, and volunteers, and therefore, participation in an event involves risk of exposure to infectious disease; and,
4. I certify that I have not recently tested positive for, and am not exhibiting symptoms of above mentioned diseases which could include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, muscle or body aches and/or sore throat; and,
5. I certify that I do not have a household family member/roommate who has recently tested positive for or exhibited the above-referenced symptoms of noted infectious diseases; and,
6. I willingly agree to comply with all recommendations provided by Xplosion Volleyball Club LLC to ensure safe play. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest coach, staff member or volunteer, or official immediately; and,
7. By signing I understand and expressly acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. I voluntarily assume all risks related to exposure to COVID-19, and waives, releases, and discharges Xplosion Volleyball Club LLC, and their officers, officials, agents, and/or employees, other participants, volunteers, sponsoring agencies, sponsors, advertisers, Tournament Director; the host venue; and their affiliates, directors, officers, assignors, employees, agents, contractors, or volunteers from any and all liability under any theory, whether in negligence or otherwise, for any illness or injury.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

*Participant signature: _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases.

Name of parent/guardian: _____

*Parent guardian/signature: _____ Date signed: _____

***Your Printed Name is you electronically signing this document and understand the terms of this document.**