**COVID-19**

**WAIVER OF LIABILIATY AND RELEASE AGREEMENT**

**THIS IS AN IMPORTANT DOCUMENT. YOU MUST READ IT BEFORE SIGNING.**

**IN SIGNING THIS DOCUMENT, YOU ARE WAIVING IMPORTANT LEGAL RIGHTS.**

In consideration for the opportunity to play select basketball for MRC Athletic Association dba Westside Bulls (the “Organization”) I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Parent/Guardian”) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Player”) do hereby state and agree as it pertains to the following:

1. I hereby agree to present documentation of a **Negative COVID-19 Test** (must be within 5 days of first practice and the 2nd week of each month thereafter) for the “Player”.
2. I recognize that by allowing the “Player” to participate with the “Organization”, presents risks to me, the “Parent/Guardian” and the “Player”, including the risk of coming in contact with or contracting Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) or the coronavirus disease (COVID-19).
3. I hereby release, acquit, waive all claims against, and forever discharge the “Organization” and its owners, successors, assigns, affiliates, officers, directors, administrators, and representative (collectively with the “Organization”, the “Indemnified Persons”), of and from arising out of, pertaining to, or in connection with me or the “Player’s” exposure to the SARS-CoV-2 or COVID-19 as a result of our participation with the “Organization”.
4. The releases set forth and otherwise referenced herein shall be interpreted as broadly as possible and shall be completely binding and enforceable by law. I acknowledge the releases and waivers provided for herein include **ALL** claims in regards to SARS-CoV-2 and COVID-19.
5. I agree that I voluntarily have signed the same and I have read and understand this Waiver of Liability and Release Agreement. **I FULLY UNDERSTAND THAT, BY SIGNING THIS WAIVER OF LIABILITY AND RELEASE AGREEMENT, I AM WAIVING IMPORTANT LEGAL RIGHTS.**

**Parent/Guardian:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_