

Participant Infectious Diseases Waiver Form



As the parent/legal guardian of _____, (participant's name) in consideration of being allowed to participate on behalf of the _____ (association name) association and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes exposure to and illness from infectious diseases including but not limited to: MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation regarding protection against infectious diseases. 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 official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the _____ (organization name) organization their officers, officials, agents, employees, and/or volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

For and in consideration of my child being permitted to participate in the PSF tournament activities, I hereby voluntarily release, discharge, waive and relinquish any and all claims or actions for damages for personal injury, permanent disability, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my participation in the PSF activities or while I am at the facility while others play or for any other reason. This release is intended to discharge, in advance, PSF, its officers, employees and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in practice, pre-game or game tournament activities, even though that liability may arise out of negligence or carelessness on the part of PSF, its officers, agents or employees.

I have fully read this Covid Waiver Form, and fully understand its terms, that I give up substantial rights by signing it, and sign it voluntarily for both my child and I and do release the PSF Tournaments from all liabilities, even if arising out of PSF EVENTS.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____