



AVINO ACADEMY OF LACROSSE COVID-19/COMMUNICABLE DISEASE RELEASE

INSTRUCTIONS: Parents/Guardians must read the terms below before signing this Waiver & Release.

AGREEMENT: In consideration for _____, born _____ / _____ / _____, hereinafter referred to as the MINOR CHILD,
(print child's name) (mm/dd/yyyy)

being allowed to participate in activities of the camp/clinic/tournament, I acknowledge, agree to, and understand that:

THIS SERVES AS AN: ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT

1. Participation includes possible exposure to and illness from infectious diseases including, but not limited to, COVID-19. While strict rules, guidelines, and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, known and unknown, foreseeable and unforeseeable, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES and/or others as well as third parties, and assume full responsibility for MINOR CHILD'S participation; and,
3. I willingly and voluntarily agree to comply with the strict guidelines and the customary terms and conditions for participation, as well as the stated terms herein regarding protection against infectious diseases. I am also willing to agree to and follow state guidelines, instructions from coaches and staff in regard to social distancing and wearing masks for the protection of observers including myself and others.
4. I, for myself/MINOR CHILD and on behalf of my heirs, assignees, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Avino Academy of Lacrosse, the host organization, James Avino and their officers, officials, agents, employees, and/or 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 LIABILITY, 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.

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

PARENT/GUARDIAN NAME:

Print Parent/Guardians Name

Emergency phone number

Parent/Guardian Signature

Relationship to participant—must be parent/legal guardian

Date of Waiver