



Edge Basketball International COVID-19 Liability Release Waiver

Player Name (Print): _____ Date: _____

Parent 1 Name (Print): _____ Phone #: _____

Parent 2 Name (Print): _____ Phone #: _____

Address: _____

Primary Email: _____

Emergency Contact (Name/Relationship): _____ Phone #: _____

In accordance with LA County Public Health Youth Sports Programs, Edge Basketball International will continue to take precautions to reduce the transmission of the COVID-19 virus among players, coaches and program staff. Edge Basketball International strongly recommends all players to obtain and/or stay up to date with the COVID-19 vaccination, including all primary series doses and boosters for their age group.

By initialing (Parents 1 & 2) I agree to the following statements:

x___/___ I will ensure to conduct a self-screen for COVID-19 symptoms prior to my child attending practices and/or tournament games. ***If my child screens positive, my child's coach and designated team representative will be notified immediately to advise of next steps.***

X___/___ I understand that I must notify Edge Basketball Intl. if I and/or my child, as well as household members, have been exposed to or diagnosed with COVID-19.

x___/___ I understand that Edge Basketball Intl. LLC cannot be held liable for any exposure to the COVID-19 virus, thus hereby accept the potential risk of contracting the virus for myself, any household member, and/or my child in order to participate in the program.

X___/___ I understand that I must notify Edge Basketball Intl. if there is a change or update to the conditions of any of these statements.

By signing below, I, parent of (player's name): _____ agree to each statement above and release Edge Basketball Intl, LLC from any and all liability for the unintentional exposure or harm due to COVID-19.

Parent 1 Signature: _____ Initials: _____ Date: _____

Parent 1 Signature: _____ Initials: _____ Date: _____