

VISION VOLLEYBALL CLUB™

MEDICAL AND LIABILITY RELEASE

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Vision Volleyball Club and the owners of the facility, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Vision Volleyball Club does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Vision Volleyball Club premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Vision Volleyball Club.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

- I Accept the Terms and Conditions SIGNED BY PARENT/GUARDIAN

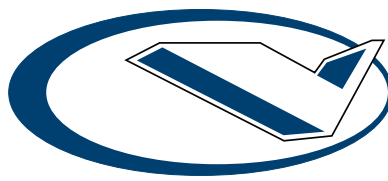
Name of PLAYER: _____

Name of Parent of PLAYER (please print): _____

Signature of Parent of PLAYER: _____

Address: _____

Phone: _____



VISION VOLLEYBALL CLUB™

COVID-19 WAIVER

1. Assumption of Risk. PLAYER recognizes that there is presently a significant element of risk of Coronavirus transmission inherent in visiting public spaces and/or engaging in activities, gatherings, or events with or within proximity of others, including, without limitation, accident, personal or bodily injury, illness, viral or bacterial exposure or infection, and/or death, and that engaging in such activities may be dangerous. PLAYER agrees that VISION VOLLEYBALL CLUB cannot ensure the safety of PLAYER or VISION VOLLEYBALL CLUB' employees, volunteers, participants, officers, members, customers, guests, coaches, family members, spectators and all related persons from risks of the Coronavirus or other related or similar pandemics. PLAYER has reviewed and understands the risks reflected in the local, state, and federal alerts and guidelines. PLAYER assumes all risks, known and unknown, arising from Your use and occupancy of the facility, including risks from the Coronavirus. PLAYER assumes full responsibility for any sickness, hospitalization, bodily injury, death, loss of personal property, quarantines, and all related costs and expenses of any person arising from Your participation in a VISION VOLLEYBALL CLUB practice or event. ("Your" is defined herein as the PLAYER, participants, volunteers, students, members, spectators, and all other related persons, agents, family members, and entities).

The Guidelines to strictly follow are located at various sites, including, but not limited to:

<https://covid19.ca.gov> <https://www.cdc.gov/coronavirus/2019-ncov>

<https://www.sccgov.org/sites/covid19>

2 . Waiver and Release of Claims. To the fullest extent permitted by law, PLAYER releases VISION VOLLEYBALL CLUB, its affiliated coaches, volunteers, staff, employees and their governing boards, affiliates, subsidiaries, divisions, administrators, directors, officers, and agents (collectively referred to herein as the "VISION VOLLEYBALL CLUB"), from and against all claims and causes of action, for any injury or harm of any kind which may arise from or out of Your participation in a VISION VOLLEYBALL CLUB practice or event, including the risks from Coronavirus. This release is intended to discharge VISION VOLLEYBALL CLUB against any and all liability arising out of or connected in any way with Your use and participation is

any VISION VOLLEYBALL CLUB practice or event, even though that liability may occur or arise out of the negligence or carelessness on the part of VISION VOLLEYBALL CLUB. I understand that by signing this Agreement, I am releasing claims and giving up substantial rights, including my right to sue, and acknowledge that I am doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

3 . INDEMNIFICATION. TO THE FULLEST EXTENT PERMITTED BY LAW, PLAYER AGREES TO IMMEDIATELY DEFEND, INDEMNIFY, AND HOLD VISION VOLLEYBALL CLUB AND THE FACILITY OWNERS FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE IN WHOLE OR IN PART FROM THE PARTICIPATION OF ANY VISION VOLLEYBALL CLUB PRACTICE OR EVENT AND THIS CORONAVIRUS ADDENDUM, INCLUDING AS IT RELATES TO ANY EXPOSURE TO THE CORONAVIRUS. THE DEFENSE AND INDEMNITY OBLIGATIONS UNDER THIS PARAGRAPH SHALL APPLY REGARDLESS OF VISION VOLLEYBALL CLUB AND THE OWNERS OF THE FACILITY OR ANY OTHER PERSON OR ENTITY'S ACTIVE OR PASSIVE NEGLIGENCE.

Waiver acknowledgment: I acknowledge that I have read this waiver and agree to all of its terms and that I fully understand my responsibility to adhere to all Coronavirus guidelines and instructions during the participation of an VISION VOLLEYBALL CLUB practice or event.

Name of PLAYER: _____

Name of Parent of PLAYER (please print): _____

Signature of Parent of PLAYER: _____

Address: _____

Phone: _____

Other Phone: _____