

## On the Court Basketball X-perience™ Woodland Elementary School

On The Court, LLC Phone: (908) 334-9661 wendy@on-the-court.net

Parent Name:				Phone#:				
E-mail:				Emergency Cell:				
Player 1:			Р	Player 2:				
Name:			N	Name:				
Teacher:  Grade:				Teacher:				
Time: Cost:	3:30PM - 4:30PM \$190/player		st to 5 <sup>th</sup> uesday		Dates:		4, 11, 18, 25 4, 11	
ADVISORY: child norma them availa WAIVER AN	Please be sure that yo	our child has app ve gear such as a g the activity. and that any child	ropriat mouth	te outdoo guard o	or sports or sports g	clothin lasses the rul		
<b>LIABILITY V</b> judgment in affiliated en	VAIVER: I hereby author any emergency requi	orize On The Cou ring medical atter s, agents and emp	rt, LLC ntion. l ployee:	. (OTC) to I hereby s from an	act for m release, d nd against	ne acco ischarg t any a	ording to his/her best ge and indemnify OTC Staff, nd all liability or causes of	
the Corona	virus/COVID-19. I volur	ntarily seek that m	ny chilo	d/childre	n attendir	ng this	sures to reduce the spread of basketball program r the spread of COVID -19.	
I understand that the risk of becoming exposed to or infected by these PANDEMIC ILLNESSES at an OTC program may result from the actions, omissions or negligence of myself and others, including, but not limited to the OTC Staff, Warren School officials; and other participants/attendees of the program and their families.								
By signing this WAIVER, I do further acknowledge the contagious nature of these COVID-19 PANDEMIC ILLNESSES, and that an inherent and heightened risk of danger to infection and exposure to them exists for all program participants, persons and other participants attending any OTC basketball program at this time. I acknowledge and agree to voluntarily assume all risks that I, the PROGRAM PARTICIPANT(S), and our other family member(s) may be exposed to or infected by them by attending or participating in any OTC program.								
PARENT SI	GNATURE:						DATE:	