



JR Skyforce Basketball Covid Waiver

This release and waiver of liability, assumption of risk and indemnity agreement must be signed before the undersigned and/or participant may attend or participate in any game or activity governed by the Sioux Falls Family YMCA for the 2020-2021 season.

I recognize that Covid-19 virus can spread from person to person and can be spread by people who may not be showing symptoms. I further recognize that Covid-19 may be spread by coming into contact with surfaces and/or objects that have the virus on it. I recognize that I voluntarily accept the basketball games/or practices may bring me, or participants in contact with persons or objects carrying the virus.

I forever release, discharge and acquit Sioux Falls Family YMCA from any and all claims, including but not limited to, claims for illness, death, personal injury or damage to property of any nature which may arise from or be in connection with my or players attendance or participation in a game or practice including the exposure or potential exposure of Covid-19.

I agree to assume and accept all risk and liability for any loss or damage, expenses, personal and bodily injuries, which may be suffered or sustained while I/and or player participant attends in the practice/game or as a result of exposure to potential exposure to Covid-19. I agree that if a participant needs further medical treatment or assistance resulting from a practice or game from exposure to Covid-19, I agree to pay any and all cost incurred or occurring as a result of the medical test, treatment, injury or illness suffered.

I agree to abide by all safety guidelines put in place by the facility and the YMCA.

By signing this agreement, I authorize the player and myself to attend and participate in the event.

Players Name: _____

Parent or Legal Guardian's Name: _____

Parent or Legal Guardian's Signature: _____

Date: _____