

THIS FORM IS TO BE CARRIED TO ALL SANCTIONED COMPETITIONS & PRACTICES.

NYC IMPACT Sports, Inc YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This must be completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. By signing this form the participant affirms having read and agreed to the terms and conditions listed below.

Club: _____ Team Name: _____

Male Female

First Name _____ Last Name _____ Birth Date _____ Age _____

Primary Contact: Parent or Guardian

Name: _____ Address: _____
City, State & Zip _____
Primary Phone: _____ Alternate Phone: _____

Secondary Contact: Parent/Guardian Other _____

Name: _____
Primary Phone: _____ Alternate Phone: _____

Primary Insurance Co _____ Primary Group/Policy # _____ / _____
Family Physician Name _____ Physician Phone _____

Please elaborate on any medical conditions of which we should be aware:

Please list any medications currently being taken:

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion: Yes No
If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list any allergies:

If None, please write None.

Participant Signature _____ Date: _____
(regardless of age):

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by NYC Impact Sports, Inc. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____ Date: _____
Relationship to Participant: _____

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.
Signature: _____ Date: _____
Parent/Guardian

or
I **do not authorize** emergency medical/dental care for my daughter/son.
Signature: _____ Date: _____
Parent/Guardian

NYC Impact Sports, Inc. Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ CAREFULLY BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to Name of the player (Print) participate in any way in the NYC IMPACT SPORTS, INC. related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NYC IMPACT SPORTS, INC., its directors, officers, officials, coaches, employees, volunteers, 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 INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

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

UNDERSTANDING OF RISK I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

PARTICIPANT PRINT NAME

PARENT/GUARDIAN PRINT NAME PARENT/GUARDIAN SIGNATURE DATE SIGNED

NYC Impact COVID-19 Waiver

READ CAREFULLY BEFORE SIGNING

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 The coronavirus (COVID-19), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and can spread from person to-person contact. NYC Impact Sports, Inc. has and will continue to use its best efforts to institute and implement preventative measures to reduce the spread of COVID-19; however, NYC Impact Sports, Inc. cannot guarantee that you or your child(ren) may not become infected, exposed or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities at or in connection with NYC Impact Sports, Inc..

By signing this waiver and release, I acknowledge and agree that I, on my behalf and on behalf of my children:

- a. Understand the contagious nature of COVID-19
- b. Voluntarily assume the risk that me, my child(ren) or anyone for whom I may be responsible may become infected, exposed or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities at or in connection with the NYC Impact Sports, Inc.; and
- c. Hereby waive, release, and discharge the NYC Impact Sports, Inc. and its directors, officers, officials, coaches, employees, and volunteers from and against any and all claims or injuries arising out of, relating to or in any way connected to COVID-19 and the subject of this Waiver and Release.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE RELEASES IN CASE OF ILLNESS, INJURY, DEATH BY EXPOSING TO COVID-19 AT ANY ACTIVITIES. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE A LEASE OF AND INDEMNIFICATION FOR ALL CLAIMS AND BINDING ON ME AND MY CHILD(REN).

I HAVE READ AND UNDERSTAND THE TERMS OF THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND AGREE TO ITS TERMS.

UNDERSTANDING OF RISK I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

PARTICIPANT PRINT NAME

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE SIGNED