

**WARNING: READ CAREFULLY!**  
**THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING YOUR RIGHT TO SUE. YOU WILL AGREE TO ASSUME RESPONSIBILITY FOR CERTAIN RISKS AND AGREE TO FULLY INDEMNIFY COQUITLAM DUCKS VOLLEYBALL CLUB AGAINST LEGAL LIABILITY FOR INJURY, PROPERTY DAMAGE, ILLNESS AND DISEASE (INCLUDING COVID-19)**

**BY SIGNING THIS DOCUMENT YOU WILL ACKNOWLEDGE AND AGREE THAT TRANSMISSION OF COMMUNICABLE DISEASE (INCLUDING COVID-19) IS AN INHERENT RISK ASSOCIATED WITH YOUR CHILD'S PARTICIPATION IN VOLLEYBALL ACTIVITIES**

I, the undersigned Parent/Guardian, understand that this Agreement is a binding legal agreement. Any clarification or questions or concerns must be raised before signing.

I understand that this Agreement is made for the benefit of Coquitlam Ducks Volleyball Club (the "**Organization**") and its directors, officers, agents, representatives, employees, volunteers, members, participants, spectators, independent contractors, subcontractors, sponsors, successors and assigns, lessors, and other districts, leagues, clubs or associations (collectively, the "**Releasees**").

I understand that the Organization will not permit my minor child (the "**Participant**") to participate in any volleyball activities organized, offered, or sanctioned by the Organization (the "**Activities**") unless and until this Agreement is signed by the Participant's Parent/Guardian. In consideration of permitting the Participant to participate in the Activities, I acknowledge and agree to the following terms:

**1. ACKNOWLEDGMENT AND ASSUMPTION OF RISKS:** I understand that there are many risks associated with the minor Participant's participation in the Activities (the "**Risks**"). **I UNDERSTAND THAT COVID-19 IS A SIGNIFICANT HEALTH RISK AND CARRIES A HIGH RISK OF TRANSMISSION THROUGH PHYSICAL OR SHARED CONTACT.** I acknowledge that the Risks include, but are not limited to, serious personal injury, death, property damage, illness and disease (e.g. communicable diseases including COVID-19 and influenza). I further acknowledge that I am in the best position to assess the impact that a communicable disease may have on the Participant or on others with whom the Participant may transmit such disease. I understand that the Organization may offer online programming, including remote and virtual instruction, coaching, practice, training or competition, which can carry different Risks than in person Activities. Examples of the Risks include, but are not limited to personal injury, death, property damage, or illness resulting from:

- ❖ **HEALTH:** food and beverages, overexertion, dehydration, fatigue, traumatic injury, infections, rashes, and transmission of communicable diseases (including COVID-19 and influenza), bacteria, parasites or other organisms or mutations thereof.
- ❖ **CONDUCT:** the Participant's conduct and conduct of other persons, including any physical altercation between persons.
- ❖ **PREMISES:** defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, walls, equipment or persons; dangerous, unsafe, or irregular conditions on the field of play or other surfaces; extreme weather conditions; and travel to and from premises.
- ❖ **EQUIPMENT:** mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by the Releasees to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to use or operate the equipment within the Participant's ability.

**I FREELY ACCEPT AND FULLY ASSUME RESPONSIBILITY FOR THE RISKS.**  
**The Participant is being registered and participating in the Activities voluntarily and willingly.**

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Signature of Parent/Guardian