**SPRING RUN ATHLETIC ASSOCIATION WAIVER/MEDICAL RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19, MEDICAL CONDITIONS & ALLEGORIES **

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Spring Run Athletic Association related events and activities, the undersigned acknowledges, accepts, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to   
   MRSA, inﬂuenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of   
   serious illness and death does exist.
2. I do hereby acknowledge that my child is in good physical condition and to the best of my knowledge is without such aliments that could create and/or cause problems due to strenuous activity. for example: (asthma, Migraine headaches, weak back, bad knees, prone to fainting or dizziness, diabetic, bad heart condition, extreme allergies or other physical and chronic disorders). If any, please explain, as it is to everyone's advantage that we be aware in the event of an emergency. This does not necessarily mean that the child will be unable to participate in the sport. If your child has any of the above named conditions or any other not mentioned, a doctor's release may be required.

Allegories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dr. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. 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 participation.

4. I willingly agree to comply with the stated terms and conditions for participation as regards protection against   
infectious diseases. If, however, I observe and any unusual or signiﬁcant hazard during my presence or   
participation, I will remove myself from participation and bring such to the attention of the nearest ofﬁcial   
immediately.

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE   
AND HOLD HARMLESS Spring Run Athletic Association their ofﬁcers, ofﬁcials, agents, and/or employees,   
other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of   
premises used to conduct the event (Chesterﬁeld County Parks and Recreation and Chesterﬁeld Quarterback   
League) WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or   
property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest   
extent permitted by law.

6. I have been given all current required and recommended guidelines released by the Center for Disease Control   
(CDC), state of Virginia, and local governments and have read, understand, and agree to follow the guidelines   
as written.

7. I understand that any program camps will not be afﬁliated with any participating leagues or Chesterﬁeld County Parks and Recreation. They are private camps operated solely by Spring Run Athletic Association and all liability to both of the above referenced parties is waived.

8. **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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with legal responsibility for this participant, have read and explained the provisions in this waiver/medical release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward, do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_