



Aftershock Volleyball Club Protocol Acknowledgement and Waiver Form

Every participant must agree to the following:

1. All activities must be approved by Aftershock Volleyball Club Director.
2. Activities will consist of no more than 12 players per “cohort”. No late additions or substitutions will be allowed.
3. Players must arrive with masks on and will wear masks during volleyball activities. Players shall also have on their possession hand sanitizer to sanitize their hands when requested by staff or as the need arises. Coaches and staff must wear masks/face covering at all times.
4. Groups must stay together. If two different groups are at the facility at the same time, players are not allowed to intermingle. Activity groups shall stay a minimum of 20 feet apart from each other.
5. No parents, grandparents, siblings, guests, or spectators may attend any activity.
6. Players must arrive alone or be dropped off by a parent.
7. Restroom use is limited to one player at a time. Hands shall be washed with soap for at least 20 seconds.
8. Parents must ensure that players are not running a fever and are symptom free before attending activities each day. Symptoms that negate the ability of the player to attend activities include:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

This list does not include all possible symptoms. Should any player exhibit these symptoms they shall not attend activities and the coach shall immediately be notified.

9. Players and coaches must stay home if experiencing any symptoms described above.
10. There will be no shared equipment. Any athletic equipment brought for a student-athlete’s personal use must be pre-approved by the coach.
11. Gatherings before or after activities are not allowed. Players will return home when activities end.



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ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of allowing the below identified minor being allowed to participate in activities offered by Aftershock Volleyball Club and related events and activities, the undersigned acknowledges 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; and,

2. 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 players participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and the Sonoma County Dept. of Health regarding the risks associated with COVID-19 exposure and safe practices to follow. If, however, I observe and any unusual or significant hazard during my presence or based on information provided to me I will remove my player from participation and bring such to the attention of the nearest official immediately. Further, I have informed and discussed the dangers of participation and the required rules and regulations to allow participation to my player and he/she acknowledges a full understanding of such; and,

4. I, for myself and on behalf of my player, heirs, assigns, personal and representatives HEREBY RELEASE AND HOLD HARMLESS Aftershock Volleyball Club, its 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 ("RELEASEES"), 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.

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.

Player Name _____ Phone _____

Parent/Guardian Name(s) _____ Phone _____

Parent/Guardian Phone(s) _____ Phone _____

By checking this box, I verify that I have read the Return to Play Safety Plan.

Parent/Guardian Signature _____ Date _____