



Legacy Youth Sports COVID-19 GUIDELINES WAIVER FORM

To be allowed to participate on behalf of Legacy Youth Sports athletic program and related event and activities, the undersigned acknowledges, appreciates, agrees and understands that:

1. At **EVERY** session, **EACH** participant will be required to be signed in by an adult.
2. At **EVERY** session, **EACH** participant will be required to have a symptom free COVID-19 waiver signed by an adult **BEFORE** entering the facility.
3. At **EVERY** session, **ANY** person entering the facility will be required to sign a Symptom Free COVID-19 Waiver **BEFORE** entering the facility.
4. At **EVERY** session, **EACH** participant will be required to complete a temperature check **BEFORE** entering the facility.
5. At **EVERY** session, **ANY** person entering the facility will be required to complete a temperature check **BEFORE** entering the facility.
6. LYS **STRONGLY** encourages and recommend the use of a face mask for **ALL** participants.
7. LYS **STRONGLY** encourages and recommend the use of a face mask for **ANYONE** entering the facility.
8. **ALL** participants and **ANYONE** in the facility understand(s) that LYS will enforce the social distancing guidelines put in effect by the State Florida.
9. **ALL** participants and **ANYONE** in the facility understand(s) that they **will be required** to be in accordance with social distancing guidelines set by the state of Florida and CDC.
10. **ALL** participants and **ANYONE** entering the facility understands that they may be asked to leave the facility if they are not in accordance with the social distancing guidelines but in effect by the State of Florida and the CDC.
11. **ALL** programs and sessions are **non-refundable**.
12. The participant/participant's guardian are responsible but not limited to the following:
 - a. Checking their emails for important updates, changes, and alerts.
 - b. Opting in and checking text messages for important updates, changes and alerts.
 - c. Checking the Legacy Youth Sports Webpage regularly for updates, changes and alerts at www.legacyyouthsportsfl.com
13. A new signed and completed COVID-19 Guideline Waiver Form will be required for each session, in order for a participant to participate.
14. **All forms and waivers must be filled out completely, signed and sent back to Kim @ kim@legacyyouthsportsfl.org before any participant can participate.**

I HAVE READ THIS RELEASE OF COVID 19 GUIDELINE RELEASE WAIVER AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/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 do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees 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: _____