



Waiver

**Please sign and return a copy (photo ok) to waiver@redsvolleyball.com
Your player will not be permitted to participate in any club activities until a signed waiver is received.**

The **Reds Volleyball Club** will begin the 2020 season with unofficial practices, camps and clinics as per **Volleyball New Brunswick ("VNB")** guidelines and in accordance with Public Health and WorkSafeNB. Such training may take place at facilities & locations in Fredericton and surrounding areas.

By signing this waiver, you are agreeing you understand and will comply with the following:

1. I agree to indemnify and hold harmless the facilities and/or individuals, their agents and/or employees from the facilities the Reds Volleyball Club uses, against any and all COVID-19-related liability associated with my player while participating in training and/or activities.
2. I agree to have my player(s) complete a new [Self-Assessment](#) check prior to attending each and every training/activity session. Should my player(s) exhibit any one of the COVID-19 symptoms, my player(s) will not attend the training/activity.

This waiver pertains to your decision to, and the act of, sending your child:

_____ (the "Player"), to training/activities despite the present threat of contracting and/or transmitting the COVID-19 coronavirus. As well as ensuring a self-assessment is completed prior to each training session/activity your Player(s) attends.

By signing this waiver, I hereby release the **Reds Volleyball Club, VNB, City of Fredericton** and all other facilities used by the Reds Volleyball Club, its directors, officers, agents, coaches, and employees from liability for any COVID-19-related injury, sickness or death that might occur to myself (or to my child(ren) and family member(s), caused by participating in any volleyball training/activities.

Parent or legal guardian name (Please Print): _____

Parent or legal guardian signature: _____

Date: _____