

SAC LIABILITY WAIVER

IN CONSIDERATION of my minor child(ren) being allowed to participate in any way in SYCAMORE ATHLETIC CLUB ("SAC") activities, and on behalf of my minor child(ren), the undersigned agrees and states as follows:

1. I understand that participation in SAC activities includes possible injury or exposure to and illness from infectious diseases including but not limited to COVID-19. While SAC guidelines and rules and personal discipline may reduce this risk, the risk of injury or serious illness does exist; and
2. On behalf of my child(ren) and for myself, I knowingly and freely assume all such risks, arising out of, related to and resulting from participation in SAC programs, both known and unknown, including but not limited to practices, tournaments and games or otherwise, even if arising from the negligence of the SAC, its officers, members, coaches, commissioners, officials, employees, volunteers, and others acting on the SAC's behalf (collectively, the "Releasees"), and assume full responsibility for my child(ren)'s participation to the fullest extent of the law; and
3. I willingly agree to comply with the stated and customary terms and conditions of SAC for the participation of my child(ren). If, however, I observe any risk of injury or death which is not inherent in the SAC program while my child(ren) participate(s) in the program, I will remove my child(ren) from participation immediately; and
4. I, for myself and on behalf of my child(ren), our heirs, assigns, representatives, and next of kin, hereby release and hold harmless the Releasees with respect to any and all injury, disability, death, loss or damage to person or property, arising out of, resulting from, related to, or connected with, in any manner whatsoever, directly or indirectly, the participation or involvement of my child(ren) in the SAC program, whether arising from the negligence of the Releasees or otherwise.
5. I hereby certify that, as the parent or guardian of my child(ren), I have legal responsibility for and authority to sign this Release and Waiver of Liability on behalf of my child(ren). I further certify that I have read this Release and Waiver in full, understand its terms, understand that substantial rights will be given up by signing it, and sign it voluntarily, without duress or coercion.

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(s) _____

Parent Signature _____

Parent Name (Print) _____

Date _____

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I, _____ hereby give my consent to Sycamore Community Schools (the "District") to notify the Sycamore Athletic Club Basketball ("SAC") if my child(ren), _____, has/have been required to stay home from school based upon school guidelines for COVID-19 related reasons. This notification will only include whether my child has a positive COVID-19 test, is experiencing COVID-19 symptoms, has had close contact with positive case of COVID-19 (including contact date(s)) or has been forced to quarantine due to COVID-19.

This authorization shall remain in effect until March 15, 2021. I understand that signing this authorization is voluntary and that I have the right to revoke this authorization, in writing, at any time, except to the extent that the District has acted in reliance upon it, by sending written notification to the District and SAC.

I release and agree to indemnify and hold harmless the District and SAC from any liability related to or arising from the District providing such notification to SAC.

Parent Signature _____

Parent Name (Print) _____

Date _____