

All- Around Athlete L.L.C
PARTICIPATION LIABILITY WAIVER/INFORMED CONSENT & EMERGENCY
CONTACT FORM

Only one form per child/adult must be submitted.

1. **Permission.** I am the parent or guardian of the child whose application is being submitted herewith. I give permission for my child/myself to participate in the program, All-Around Athlete L.L.C for which I have registered my child/ myself.

2. **Waiver.** I assume, on behalf of myself, my child, and my heirs, assignees, agents, and anyone who could bring any claim or action on behalf of my child, all risks associated with participation in the class. All- Around Athlete L.L.C assumes no liability for loss, accident, bodily injury, or other injury arising from participation in the program that is not the result of gross negligence or intentional acts by the agents and/or employees of any of these entities.

3. **Instructors.** The instructors provided to teach the offered class(es) are approved.

4. **Fitness.** I understand and agree that any physical activities involved in this program may carry a risk of serious bodily injury. Due to the strenuous nature of some activities, each participant is encouraged to consult his or her physician concerning fitness to participate in the program. All-Around Athlete has made no physical assessment of my child prior to his or her participation in the class(es) and I assume the responsibility for making such assessment.

5. **Emergency Care.** I consent to emergency treatment for my child if deemed necessary during my child's attendance at the class(es). I understand that no coverage or reimbursement for medical expenses shall be available from All-Around Athlete or any of their staff, and I agree to be responsible for all medical expenses relating to my child's participation in this program. Furthermore, I agree that none of All-Around Athlete or any of their staff, shall be held responsible for the quality of medical care given in any such emergency.

6. **Weather Policy.** I understand that All-Around Athlete L.L.C will do everything in its power to ensure that classes are held as scheduled; however, if classes are cancelled or rescheduled due to bad weather or other unforeseen emergencies, I will reschedule all classes that were missed due to inclement weather.

7. **Covid-19 Pandemic.** I, _____ knowingly and willingly consent to have my child, _____ participate in All-Around camp/party during Covid-19 Pandemic. I understand that Covid-19 virus has a long incubation during which carriers of the virus may not show any symptoms and still be highly contagious. It is impossible to determine who has it and who does not have it given the current limits in virus testing and detection.

I understand that due to the nature of the games and other kids, the characteristics of the virus, and the involvement of other kids, that I have elevated risk of contracting the virus simply by being a part of the summer camp. ____

I confirm myself and child are not presenting any of the follow symptoms of the COVID-19virus listed below. ____

* Fever temperature * shortness of breath *loss of sense of taste or smell *dry cough * runny nose *sore throat

I understand I will follow the Governors and the various agencies of Alabama guidelines for close-contact businesses to keep

me and other clients safe. _____

8. **Pictures.** I give All-Around Athlete exclusive rights to use photos for marketing purposes. I acknowledge that I have read, understood, and submit to this Permission and Waiver Agreement.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Signature of legal guardian)