

**NORTHERN DOOR VOLLEYBALL ASSOCIATION, INC., COVID-19
RECOMMENDATIONS, POLICIES, AND WAIVER OF LIABILITY AND
AGREEMENT TO HOLD HARMLESS**

**NORTHERN DOOR VOLLEYBALL ASSOCIATION RECOMMENDATIONS
REGARDING LEAGUE PARTICIPATION AND COVID-19 FOR THE 2021 SEASON**

The Northern Door Volleyball Association (hereinafter "NDVA") is committed to offering a safe environment for our members and competitors. Please abide by the following guidelines and recommendations, in addition to all postings located at the courts, while attending games and participating in the NDVA 2021 season.

NDVA will be recommending that all participants adhere to CDC and Wisconsin Health Department recommendations. Wearing a mask, maintaining 6-foot distance, getting a vaccine and washing/sanitizing hands regularly are the best ways to avoid contracting and spreading COVID-19. While the NDVA will NOT be mandating mask wearing, we do recommend it on the advice of the CDC. Volleyballs will be sanitized between sets and hand sanitizer will be available. Additionally, the NDVA asks that you stay home from any league events if you or someone in your household exhibits any symptoms of illness (fever, cough, loss of taste or smell, etc).

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION
AGREEMENT REGARDING LEAGUE PARTICIPATION AND COVID-19 FOR THE
2021 SEASON**

Participation in the NDVA 2021 season is strictly voluntary. I expressly confirm that no individual has coerced or required me to participate. Participation by anyone in this program is AT YOUR OWN RISK. There is no participant accident or liability insurance coverage for infectious diseases, and no medical coverage (including COVID-19 testing) will be conveyed.

In consideration of being allowed to participate on behalf of the NDVA and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular recommendations 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 NDVA or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards to protection against COVID-19, including all recommendations by the NDVA as stated herein, or posted at the volleyball courts, or as recommended by the CDC and Wisconsin Department of Health. If, however, I observe any unusual or significant hazard during my presence or participation, I

will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I recognize that additional restrictions or policies may be added or modified (with little to no notice) in accordance with CDC guidelines, facility requirements or other governmental mandates, regulations or laws; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, and HOLD HARMLESS the NDVA, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the NDVA 2021 season (hereinafter "RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, loss or damage to person or property, or any other claims, whether known or unknown, and WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I/WE HAVE READ THIS WAIVER 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.

TEAM NAME: _____

Player: _____ Signature: _____ Date: _____

Player: _____ Signature: _____ Date: _____

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Player: _____ Signature: _____ Date: _____

Player: _____ Signature: _____ Date: _____

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