



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TEAM WAIVER ROSTER, SDA & CONCUSSION

**Head Coach:**

**Team Name:**

**Grade/Division:**

**Program participant must have their own insurance.** \*\* The YMCA reserves the right to ask for proof of age/grade at any time for the duration of the season.

**WAIVER AND RELEASE OF LIABILITY:** In consideration of the participation of my child in YMCA Sports programs, do hereby release and forever discharge the YMCA of the Inland Northwest, their affiliates, officers, directors, agents, employees, shareholders, and assigns from any and all claims, demands, causes of actions, suits, damages costs and expenses for any and all personal injuries, loss of time, pain and suffering or property damage arising out of or occurring in connection with my child's participation in this program administered by the YMCA of the Inland Northwest. I recognize and acknowledge my child's participation in this program is solely at my own risk. I acknowledge my child's participation in this program may expose my child to risk of injury or possibly demise. I further understand this Waiver and Release is absolute as to all claims, demands, causes or actions, suits, damages, costs and expenses which could occur while my child is participating in this program except those claims or demands arising out of gross negligence of the Owner or Managing Agent.

I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH. MY SIGNATURE BELOW ON THIS CBL WAIVER AND RELEASE OF LIABILITY REPRESENTS I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED ON THIS WAIVER AND RELEASE OF LIABILITY AND AGREE TO ALL TERMS SET FORTH WITHIN THIS WAIVER AND RELEASE OF LIABILITY.

By signing below, I acknowledge I have received and reviewed the Concussion Fact Sheet for Parents and Athletes created by the Centers for Disease Control. I have also reviewed the Sudden Cardiac Arrest Information sheet. I understand should my child be suspected of having a concussion, he/she will not be allowed to return to practice or games until the coach receives a written clearance from a person in the health care profession. As a Coach, by signing below, I acknowledge I have received and reviewed the Concussion Fact Sheet for Coaches created by the NFHS & Centers for Disease Control (CDC) as well as the Sudden Cardiac Arrest Information Sheet. I understand should a child on my team be suspected of having a concussion, they will not be allowed to return to practice or games until they receive written, medical clearance.

## **YMCA COVID-19 Safety Policies & Requirements**

- All group participants will participate in daily Health Screenings and remain home if feeling ill.
- All spectators are recommended to maintain 6 ft physical/social distance from others.
- All group participants should comply with any additional hygiene or disinfecting requirements as issued by YMCA staff to help reduce the risk of exposure and transmission of the COVID-19 virus.
- YMCA reserves the right to modify COVID-19 Safety Policies as recommendations from health authorities, pandemic conditions, and community metrics change.
- All coaches, and players will need to sign a Team Waiver form before participating in YMCA programs

