**Waiver of Liability and Assumption of Risk Agreement**

**Spokane Nordic Ski Teams**

In consideration of being permitted to participate in any way in the Spokane Nordic Ski Association activities of the above-named Nordic ski club and team, I represent that I do:

1. **I acknowledge**, agree, and represent **I fully understand** the nature and training of Nordic skiing and that I am qualified, in good health, and in proper physical condition to participate in such activity.

2. I recognize that cross-country skiing and off-season training involve strenuous activities, is potentially hazardous, and involves inherent risk. I knowingly and voluntarily assume all responsibility and risk for my actions while cross-country skiing and off-season training, during travel related to Spokane Nordic activities or during use of Spokane Nordic facilities and equipment. This includes, but is not limited to, falls, collisions, effects of weather, conditions of equipment and trails and other areas while skiing or participating in Spokane Nordic activities. I hereby for myself, my heir, administrators, or anyone else who may bring claims on my or my family members’ behalf, covenant not to sue, release and discharge the Spokane Nordic Ski Association, its Board and Committee members, ski coaches and volunteers and all related organizations or individuals, for any and all claims of liability for death, personal injury, or property damage arising from my participation in Spokane Nordic activities.

**I fully accept and assume** all such risks and all responsibility for losses, costs, damages I incur as a result of my participation in the activity. My signature signifies that I fully understand and agree to be bound by this Release and Waiver Agreement for myself and for my underage child (if applicable) and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Name of participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release and Information**

I, the parent/guardian, give the directors and coaches of the Spokane Nordic Ski Teams permission to obtain medical aid for (participant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in case of injury. I understand that every effort will be made to contact me in case of injury/ if medical attention becomes necessary.

Parent/Guardian Name 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Existing Medical Concerns/Allergies/Medication Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/Instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

Name of Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Spokane Nordic Ski Association (SNSA) COVID-19 Protocol**

**Spokane Nordic Ski Teams**

The COVID-19 crisis requires the Spokane Nordic Ski Association to team practices, races and any other in-person events in the following ways:

1. No student, volunteer, or staff member should attend an in-person SNSA event if that person has any of the following possible signs of COVID-19*:*
	1. Fever or chills
	2. Cough
	3. Shortness of breath or difficulty breathing
	4. Fatigue
	5. Headache
	6. New loss of taste or smell
2. Students should bring and use only their own water bottle.
3. Parents/guardians agree to communicate these protocols to their child/ward.
4. This protocol is subject to change in conformance with changes in laws, orders, or guidelines from government authorities or health agencies.

**COVID-19 Consent and Acknowledgement**

**Spokane Nordic Ski Teams**

I, the undersigned Parent or Guardian, understand that an outbreak of the COVID-19 virus has and that the virus is novel and may cause known, unknown, foreseen, and unforeseeable risks. I understand that the virus poses health risks to those who contract it and to those who come into contact with individuals who have contracted it. I understand that the virus may pose a higher risk to certain individuals such as those who are immunocompromised, have chronic medical conditions, are pregnant, and in older adults. I understand that the virus may cause illness and symptoms including fever, cough, shortness of breath, mild to severe respiratory illness, and death. I understand that the virus is highly contagious and that the Spokane Nordic Ski Association (SNSA) cannot eliminate the virus from any public environment.

**Protocol Acknowledgment**

I, the parent or guardian of the below-named child/ward, have received and reviewed the SNSA COVID-19 Protocol and agree to abide by the same. I agree that if my child/ward shows any sign of illness, I will not bring my child/ward to attend any SNSA event, including practices, races, etc. I agree that if my child/ward or an individual that my child/ward has been in close contact with is confirmed to have contracted COVID-19, that my child/ward will refrain from attending in-person SNSA events as outlined in the SNSA COVID-19 Protocol.

**Risk Acknowledgment, Consent for Participation, and Release of Claims**

I acknowledge that I have read and understand the foregoing, understand that there are inherent risks of my child’s/ward’s participation in in-person SNSA events during the current COVID-19 outbreak including those outlined above, and understand that such risks cannot be eliminated from the environment. I certify that I am the parent and/or legal guardian of the below-named child, that I accept and agree to be bound by the requirements of the SYS COVID-19 Protocol, and give permission for my child to attend in-person SNSA events. I waive, release, and will hold harmless SNSA, its agents, staff, directors, and volunteers of all claims that may arise out of or in connection with and/or related in any way to COVID-19.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Ward Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_