



TOOP O TOOR VOLLEYBALL CLUB

Youth Liability Waiver Form

I am not aware of any **COVID-19** illness, or other health related issues that would restrict or limit my child's ability to play competitive sports.

I agree to assume all risks and expenses due to any **COVID-19** illness that may occur as a result of my child's involvement in competitive sports' practices, games and/or training activities at the Gym of **Toop O Toor Volleyball Club**.

I agree to hold **Toop O Toor Volleyball Club** and/or anyone acting on its behalf either as a coach, a coaching assistant, or administrator harmless in the event of any **COVID-19** illness, or other health related issues to my child while participating under the supervision of the above.

Child's Full Name

Signature of Parent or Guardian

Date