



TOOP O TOOR VOLLEYBALL CLUB

Personal Liability Waiver Form

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

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 while participating under the supervision of the above.

Signature of Participant

Date