

# GARDENDALE YOUTH FOOTBALL & CHEER ASSOCIATION

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## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of participation in Gardendale Youth Football (“GYF”) football and/or cheer programs, related events, and activities, by either myself and/or my child(ren), I acknowledge, understand, and agree that:

1. Participation or presence at GYF practices, activities or games include possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and social distancing may reduce the risk, the risk of serious illness does exist.
2. I will fully comply with the Alabama Department of Public Health (“ADPH”) guidelines for athletic activities regarding protection against infectious diseases. In the event of suspected illness of myself, child(ren) or household member, I will immediately notify GYF and remove myself and child(ren) from participation in GYF programs, events and activities until written medical release from a healthcare provider is received by GYF.
3. I have explained the provisions in this release to my PARTICIPATING CHILD(REN) including the risk of presence and participation and his/her personal responsibilities for adhering to the state’s amended “Safer at home” public health order and social distancing guidelines for protection against communicable diseases.
4. I freely and knowingly accept and assume the known and unknown risks and responsibilities associated with participation in or presence at GYF programs, events and activities by myself and/or my child(ren) and I indemnify and hold harmless GYF, their officers, members, and/or agents from any resulting liability from possible exposure to and illness from infectious diseases.

THIS IS TO CERTIFY THAT I, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT HAVE READ AND UNDERSTAND THIS RELEASE. I UNDERSTAND THAT BY SIGNING THIS RELEASE I AGREE TO ASSUME THE RISKS OF LIABILITY WITH REGARD TO POSSIBLE EXPOSURE TO AND ILLNESS FROM INFECTIOUS DISEASE(S) INCLUDING BUT NOT LIMITED TO COVID-19, AND BY ASSUMING THESE RISKS I FULLY AGREE TO ASSUME ANY RESULTING OR ASSOCIATED LIABILITY.

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(Name of Participant)

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(Name of Parent / Guardian)

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(Participant signature or parent signature if participant is a minor child)

Date