



Hold Harmless/ Assumption of Risk

In Consideration of, _____ my child, being permitted to participate in Kell Jr Basketball Booster Club (KJBBC), the undersigned, on behalf of myself and my heirs, executors, administrators, and assigns, hereby:

-Release and forever discharge KJBBC and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively the "Releasees") of and from all claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the above named child and myself or property howsoever caused, arising or to arise by reason of or during my participation and/or involvement in the KJBBC program, and notwithstanding that any claim may have been contributed to or occasioned by the negligence of any of the releasees.

-Indemnify and save harmless the releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to our participation in Kell Jr Basketball.

-Understand that KJBBC does carry team medical insurance to cover players who are members of the team on an "excess" basis only, and that my/our personal insurance will be utilized first.

-Agrees that in the event of any provision of this release and indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this release and indemnity which shall continue to be enforceable.

-I understand there are certain inherent risks associated with basketball and I assume full responsibility for personal injury to the above-named child and myself and accept those risks on behalf of the above-named child and as a participant.

-I understand the importance of participants being healthy and safe when they participate in basketball. By signing below, I agree that I will watch for signs of illness which could include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing, or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in Kell Jr Basketball until he/she has been without signs or symptoms for at least 72 hours. Any participant who has tested positive for Covid-19 or been identified as a close contact to someone with Covid-19 should quarantine in accordance with CDC & DPH guidelines available at cobbanddouglasspublichealth.com. By signing this document below, I acknowledge and affirm all the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19, or other illness, as a result of participation in KJBBC,

and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from my own actions, and/or omission those of my children, KJBBC staff, volunteers, or agents, other basketball participants, or others not listed. By signing this, I acknowledge and accept all such risk in connection with my child(ren's) participation in the basketball. Finally, I acknowledge that the above guidelines may change at any time due to recommendations by Kell Jr Basketball Booster Club, Kell High School, the Centers for Disease Control (CDC), the State of Georgia, the Department of Health, the School Board of Cobb County, Georgia, or any other regulating entity. In consideration of my child(ren) being able to participate in Kell Jr Basketball Booster Club, I, on my own behalf and on behalf of my child(ren) or other family member assisting me in the participation in KJBBC, hereby waive, release, and hold Kell Jr Basketball Booster Club and their volunteers, etc... harmless from any and all claims, causes of actions, fees, costs, and any expenses of any sort or kind from exposure to and/or infection from COVID-19, and other illness, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in KJBBC.

I HEREBY ACKNOWLEDGE READING, FULLY UNDERSTANDING AND AGREEING WITH THE FOREGOING AND SIGNING THE FOREGOING FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Name of Participant

Grade and School

Parent or Guardian

Signature of Parent or Guardian

Email Address

Telephone Number of Parent or Guardian

Emergency Contact

Relation of Contact

Telephone Number of Emergency Contact

Today's Date