



**CTAB PARTICIPATION WAIVER
(including COVID-19 WAIVER & RELEASE)**

Please fill out the CTAB Participation Wavier, including COVID-19 Waiver & Release and return as soon as possible. Thank you.

PLAYER NAME (print):

PARENT NAME (print):

UPDATED WAIVER:

Due to the strenuous nature of some activities, all participants are urged to consult a physician concerning their ability to participate in the basketball training sessions. All activities present inherent risks and hazards, which the participant assumes. I hereby agree to release and hold harmless **Cross-Training Athletes into Believers ("CTAB")**, its officers, agents, and employees from any and all actions, claims or liability resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by myself while participating in this program. I will comply with the code of conduct and regulations enforced by CTAB, its employees and the facility at which games and/or practices will be held.

COVID-19

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

- I am aware of the ongoing global pandemic associated with the novel coronavirus, known commonly as "COVID-19"
- I am aware that due to COVID-19, there is an increase risk to my health in connection with in-person participation in the activity of CTAB that may cause injury or illness such as, but not limited to, COVID-19 that may lead to severe sickness, paralysis, or death.
- I have not experienced symptoms such as fever, fatigue, difficulty in breathing, or dry cough or any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- To the best of my knowledge, I have not been in close contact with anyone who has experienced symptoms such as fever, fatigue, difficulty in breathing, dry cough, or any other symptoms relating to COVID-19 or any communicable disease within the past 14 days.
- I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
- I did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.
- I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

Following the pronouncements above I hereby declare the following:

- I understand and acknowledge that I am fully and personally responsible for my own safety and actions while and during my participation in CTAB activities.
- I understand and acknowledge that I may be at risk of contracting COVID-19 by participating in in-person CTAB activities.
- With full knowledge of the risks involved, I hereby forever release, waive, and discharge CTAB, from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to its Board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless CTAB, its Board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released parties due to damage, injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that: (i) I have read the foregoing Waiver & Release, and I understand its contents; (ii) I am at least eighteen (18) years old and fully competent to give my consent, or I am a parent representing the participant and are fully competent to give consent for the participant; (iii) I have been sufficiently informed of the risks involved in participating in in-person CTAB activities and give my voluntary consent by signing it as my own free act and deed; and (iv) I give my voluntary consent in signing this Waiver & Release as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This Waiver & Release will remain effective until laws, mandates, and other healthy and safety guidelines relevant to COVID-19 are lifted.

_____ PRINTED NAME	_____ SIGNATURE	_____ DATE
_____ LEGAL GUARDIAN (If under the age of 18)	_____ SIGNATURE	_____ DATE