

## 2020-21 ECA Athletic Masking Waiver

I give my (child / myself) , \_\_\_\_\_

**Circle One**

**Print first and last name of child/athlete**

permission to participate with a mask on in sports competition in the Eden Christian Academy (ECA) athletic program during the 2020-21 season. I understand that some policies of opponents, government authorities, or leagues may require my child/me to wear a mask in order to be in attendance or compete and that Eden coaches will comply with the requirements of those entities. I understand that if an opponent, government, or league requires a mask in order to complete in a game, that my child/I must wear the mask or must choose not to have my child play/to play in the game. I understand that ECA cannot protect my child or me from risks which may be encountered as a result of competing in a mask. I realize there are potential hazards of masked competition that may expose my child/me to risks including but not limited to injury, respiratory distress, cardiac distress, headaches, and fatigue, and which may also result in medical care, hospitalization, or death. I hereby state that I, on behalf of my child or myself, am an adult, over the age of 18, and legally competent to sign this form. I understand these inherent risks and dangers involved with masked participation in sports and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as to risks that are unpredictable and not obvious and to extend to my child/ myself, as applicable. In consideration of my child/myself participating in ECA's sports program, I and any legal representatives, heirs, and assigns, hereby release, waive, and discharge ECA, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of any adverse physical reaction, illness, injury, or death related to, caused in part by, or caused entirely by athletic competition while wearing a mask. This notice, release, and indemnity agreement contains the entire agreement between and among parties hereto, pertaining to playing ECA sports in a mask, and the terms of this release are contractual and not a mere recital. The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the Commonwealth of Pennsylvania. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I understand that by signing this agreement I am giving up on behalf of my child/myself certain legal rights and remedies including the right for my child/me to recover damages in the event of death, personal or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my child/I may sustain in association with my child's participation in ECA's athletic program(s). I have carefully read the foregoing release and know and understand the contents thereof. I sign this release voluntarily as my own free act with full knowledge of its significance, intending to be legally bound thereby.

Parent/Guardian/Of Age Athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature

PRINT Parent/Guardian/Of Age Athlete Name \_\_\_\_\_

First

Last