

West Valley Chinese Language School (WVCLS) Adult Badminton Class Waiver Form

Every participant should fill out this form on their first visit.

Full name: _____

Phone number: _____ Email: _____

Safety Protocols. Please read and check off to confirm that you understand and will follow it.

- I will not come to class if in the 14 days before each class:
1. I have close contacted with anyone diagnosed with Covid-19. or
 2. I feel sick or have any flu-like symptoms.
- I will wear a face mask inside the gym except when I am playing on the court.
- I will follow safety protocol, stay at least 6 feet apart and wash my hands before coming to gym.

Covid-19 Waiver, Liability Waiver, and Medical Release

By signing this agreement, I voluntarily assume the risk that I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. The risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of school members, including, but not limited to, WVCLS employees, board members, students, parents, volunteers, other badminton class participants (hereinafter the School). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, and hold harmless the School, of and from any claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the School, whether a COVID-19 infection occurs before, during, or after participation in WVCLS badminton class.

By participating in WVCLS badminton class, I agree to indemnify and covenant not to sue the School against any negligence and/or claim for liability arising out of injuries to me and/or my companion(s), including, but not limited to, damages to personal, properties or emotional caused in, or aggravated by, (1) any manner including simple, active, or passive negligence of the School, or (2) refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise. I understand that, by being present at the school and/or by participating in WVCLS badminton class, or any group activities on and off school campus, I will forever release the School from any and all related claims and damages.

I acknowledge that I am in good health, and fully able to participate in the badminton classes which are strenuous in nature. I do not have any medical conditions that would preclude me from participating.

Signature: _____

Date: _____