**Spokane Nordic Ski Association – Nordic Ski Teams**

**Waiver of Liability and Assumption of Risk Agreement**

In consideration of being permitted to participate in activities of Spokane Nordic Ski Association (“SNSA”) and its Nordic ski club and team, we each hereby represent and agree as follows:

1. **We each acknowledge**, agree, and represent that **we fully understand** the nature and training of Nordic skiing and that the participant is qualified, in good health, and in proper physical condition to participate in such activity.
2. We each recognize that cross-country skiing and off-season training involve strenuous activities, are potentially hazardous, and involve inherent risk. We each knowingly and voluntarily assume all responsibility and risk for participant’s actions while cross-country skiing and off-season training, during travel related to SNSA activities or during use of SNSA facilities and equipment. This includes, but is not limited to, falls, collisions, effects of weather, and conditions of equipment and trails and other areas while skiing or participating in SNSA activities. We each hereby for ourselves, our heirs, administrators, or anyone else who may bring claims on our or our family members’ behalf, covenant not to sue and release and discharge the SNSA, its Board and Committee members, ski coaches and volunteers, and all related organizations or individuals, for any and all claims of liability for death, personal injury, or property damage arising from participation in SNSA activities.
3. **We each fully accept and assume** all such risks and all responsibility for losses, costs, damages, fees, or expenses we incur as a result of participation in SNSA activities. Parent/guardian by their signature acknowledges, agrees, and confirms that they fully understand and agree to be bound by this Release and Waiver Agreement for themself and for their underage child (if applicable) and that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Participant Parent/Guardian

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release and Information**

I, parent/guardian, give the directors and coaches of the Spokane Nordic Ski Association Teams permission to obtain medical aid for (participant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in case of injury. I understand that every effort will be made to contact me or us in case of injury or if medical attention otherwise becomes necessary.

Parent/Guardian Name 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Existing Medical Concerns/Allergies/Medication Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/Instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

Name of Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spokane Nordic Ski Association**

**Spokane Nordic Ski Teams**

**COVID-19 Protocol**

The COVID-19 pandemic requires Spokane Nordic Ski Association (“SNSA”) to require the following protocol for all team practices, races, and any other in-person events:

1. No participant, volunteer, or staff member should attend an in-person SNSA event if that person has any of the following possible symptoms of COVID-19*:*
	1. Fever or chills
	2. Cough
	3. Shortness of breath or difficulty breathing
	4. Fatigue
	5. Headache
	6. New loss of taste or smell
2. Participants should bring and use only their own water bottle.

Parents/guardians agree to communicate this protocol to their child/ward and this protocol is subject to change in conformance with changes in laws, orders, or guidelines from government authorities or health agencies.

**Spokane Nordic Ski Association**

**Spokane Nordic Ski Teams**

**COVID-19 Consent and Acknowledgement**

**COVID Acknowledgement**

I, the undersigned parent/guardian, understand that the COVID-19 virus outbreak has and may cause known, unknown, foreseen, and unforeseeable risks. I understand that the virus poses health risks to those who contract it and to those who come into contact with individuals who have contracted it. I understand that the virus may pose a higher risk to certain individuals such as those who are older, pregnant, or immunocompromised, or who have chronic medical conditions. I understand that the virus may cause illness and symptoms including fever, cough, shortness of breath, mild to severe respiratory illness, and death. I understand that the virus is highly contagious and that Spokane Nordic Ski Association (“SNSA”) cannot eliminate the virus from any public environment.

**Protocol Acknowledgment**

I, the parent/guardian of the below-named child/ward, have received and reviewed the SNSA COVID-19 Protocol and agree to abide by the same. I agree that if my child/ward shows any sign of illness, I will not bring them to attend any SNSA event, including practices, races, etc. I agree that if my child/ward or an individual that my child/ward has been in close contact with is confirmed to have contracted COVID-19, my child/ward will refrain from attending in-person SNSA events as outlined in the SNSA COVID-19 Protocol.

**Risk Acknowledgment, Consent for Participation, and Release of Claims**

I acknowledge that I have read and understand the foregoing, understand that there are inherent risks of my child’s/ward’s participation in in-person SNSA events during the COVID-19 outbreak including those outlined above, and understand that such risks cannot be eliminated. I certify that I am the parent or legal guardian of the below-named child, that I accept and agree to be bound by the requirements of the SNSA COVID-19 Protocol, and give permission for my child to attend in-person SNSA events. I waive, release, and will hold harmless SNSA, its agents, staff, directors, and volunteers of all claims or liability that may arise out of or in connection with or related in any way to COVID-19.

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child/Ward Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_