

COVID-19 RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, ("Participant"), acknowledge that I will be participating voluntarily in the Cincinnati Hockey Academy, LLC hockey camp, training or tournament ("CHA"):

(Description of activities, which Volunteer/Participant will engage in)

I AM AWARE OF THE COVID-19 PANDEMIC AND RELATED GOVERNMENTAL ORDERS, DIRECTIVES AND GUIDELINES (COLLECTIVELY "DIRECTIVES"), INCLUDING DIRECTIVES FOR FREQUENT HAND WASHING, SOCIAL DISTANCING AND USE OF FACE MASKS IN PUBLIC LOCATIONS. I AM AWARE THAT THESE ACTIVITIES ARE OCCURRING IN A PUBLIC LOCATION DURING THE COVID-19 PANDEMIC, AND ALSO POTENTIALLY INVOLVE INCIDENTAL PHYSICAL CONTACT, AND ARE THEREFORE HAZARDOUS ACTIVITIES. I AM AWARE THAT I COULD BE INFECTED, SERIOUSLY INJURED OR EVEN DIE DUE TO COVID-19 OR DUE TO HOCKEY ACTIVITIES INCLUDING BUT NOT LIMITED TO HOCKEY CAMPS, TRAINING OR TOURNAMENTS. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. I AGREE THAT I WILL PRACTICE SAFE SOCIAL DISTANCING AND CLEAN HYGIENE DURING MY PARTICIPATION WITH CHA.

I verify this statement by placing my initials here: _____

Parent or Guardian's initials (if volunteer participant is under 18): _____

As consideration for being permitted by CHA and SPORTS PLUS, and any lessor of SPORTS PLUS premises ("Lessor"), to participate in these activities and use the SPORTS PLUS premises and facilities, I forever release CHA, SPORTS PLUS and the Lessor, and any affiliated organization, along with their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts of any Releasee, whether directly connected to these activities or not, and however caused, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CINCINNATI HOCKEY ACADEMY ("CHA"), SPORTS PLUS, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

Executed at Cincinnati, Ohio on _____, 20_____.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Signature

Signature

Address _____

Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.