

Jacob's Chance

Risk, Media, and Concussion Waivers



In consideration of being permitted to participate in any way in the program, related events and activities, and use of equipment, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Host, its officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to a person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. While Jacob's Chance takes reasonable steps and precautions to lessen the risk of transmission of communicable diseases, and while Jacob's Chance is following CDC guidelines and applicable state and county health department guidelines and orders, it is not possible to prevent against the presence of these diseases. THEREFORE, I RECOGNIZE AND UNDERSTAND THAT Jacob's Chance is not responsible in any manner for any risks related to communicable diseases in connection with Participant's participation in the activities. I am fully aware that participation in the Activities carries with it certain inherent risks related to the transmission of communicable diseases that cannot be eliminated regardless of the care taken to avoid such risks, including, but not limited to: (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof ("Inherent Risks"). Further, I understand that all of the Inherent Risks are not fully understood and that the exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense for myself arising from such Inherent Risks. Furthermore, I represent and warrant that I do not knowingly carry any communicable diseases that

may be transmitted during participation in the activities. I will not attend programs if I am experiencing any of the following symptoms including but not limited to: Fever or chills, cough, sore throat, congestion, shortness of breath or difficulty breathing, nausea, vomiting, diarrhea, unexplained fatigue or body aches, any other symptoms of illness that may be contagious. If I begin to feel sick while at a program, I will notify a staff member right away so arrangements can be made for me to return home safely. I understand that Jacob's Chance reserves the right to ask any participant, staff member, or volunteer who appears ill to refrain from participating for the safety of others.

Health Statement

I will notify Jacob's Chance ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

Media Statement

By agreeing below, I hereby grant and convey to Jacob's Chance all right, title and interest in and to record my name, image, voice, or statements, including any and all photographic images and video or audio recordings made by Jacob's Chance.

Venue

The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which Jacob's Chance or its agents is a party shall be either the Richmond City, VA Justice Court, or the County or State Supreme Court in Richmond City, VA.

Concussion

Use the provided link to read more on concussions.

<https://www.cdc.gov/heads-up/training/youth-sports.html>

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