

Health Guidance for Recreational Sport Programs and Leagues Return-to-Play

Sector Name: Recreational Sports Programs and Leagues

Included Organizations: Recreational sport programs and leagues – Youth & Adult Participants

June 1, 2020 – At the request of Julie Moore and the Economic Mitigation and Recovery Task Force, The Sports Restart Committee has developed the following Return-to-Play Guidelines that will be implemented in three phases, beginning with Phase 1 on June 1, 2020.

These recommendations for Returning to Play are provided to assist organizations, clubs and leagues in safely and gradually resuming play while reducing infection risk in the setting of the ongoing COVID-19 pandemic. These recommendations do not supersede or replace any applicable local, state, regional or federal health guidelines or requirements, which should be adhered to by all. To date, Vermont remains a leader within the fight against COVID-19 and is relatively healthy. While many may be excited to Return-to-Play, there are others who may be apprehensive. If a player, parent, or family are not comfortable returning to play – **PLEASE DON'T**. We must demonstrate respect and courtesy for everyone's feelings during this time and ensure that we provide a safe environment as we return to play.

Implementing the Return-to-Play Guidelines will require a cooperative relationship between Club, Coach, Parent, Player, Facility and Affiliate Organizations. While the Clubs, leagues and organizations must create a safe environment, the PARENT and PLAYER must make the decision to return to play based on their level of personal comfort. And finally, PLAYERS must be responsible to adhere to, and respect all social distancing requirements and conduct guidelines that have been established.

We're in this together!

Yours in sport,

The Sports Restart Committee

Health Guidance for Recreational Sport Programs and Leagues Return-to-Play

For recreational sport programs and leagues that choose to operate during the COVID-19 pandemic, it is crucial to minimize the risks of spreading the coronavirus. The following guidance is designed to support implementation of health and safety requirements and physical distancing directives while providing much-needed programming to support the social, emotional, and physical wellbeing of children and adults.

Consistent with CDC guidelines, anyone showing symptoms of COVID-19, or that has been in contact with someone with COVID-19 in the last 14 days, or that has been tested and are awaiting results must not participate in recreational sports programs and leagues until they have complied with current quarantine requirements. Individuals at high risk due to underlying health conditions or who are part of a household with members that are high risk due to underlying health conditions may choose not to participate in recreational sports and should be encouraged by organizations to make those decisions.

Each employee, coach, volunteer, or administrator of a recreational sport program or league shall thoroughly review this guidance, and complete the COVID-19 training provided by [VOSHA](#).

The guidance that follows identifies the **minimum measures that sports programs and leagues will need to implement as part of a return to play**. It not intended to address sport- or program-specific considerations. Every sport and sports program/league differs and reflects differences in the age and skill-level of the participants. This guidance **is not** intended to be a substitute for program- or league-specific measures that may need to be implemented to minimize the risk of the transmission of COVID-19. All sports programs and leagues are encouraged to consider developing further guidance specific to their activity and organization.

Re-opening Recreational Sport Facilities that have been closed

Recreational sport leagues and programs should begin working with their facilities to schedule and plan for the reintroduction of sports. Facilities will need to work with programs and leagues to identify amenities (i.e., bathrooms, pavilions, etc.) which may or may not be accessible during this time to the public or private groups. Facilities are not expected to provide sanitizer or any other PPE for individuals using their facilities, unless it is a part of their own facility reopening plan.

It is important that recreational sport programs and leagues check with their facility providers to ensure that proper [steps for reopening](#) have been followed, especially if the facility has been closed for a prolonged period of time.

Recreational sport programs and leagues will also need to work with their facilities to determine which public facilities (restrooms, park pavilions, indoor facilities, etc.) are available to their participants and what (if any) changes have been made to their operating procedures since the pandemic began. This information should be communicated with all participants and parents prior to beginning play.

People Who Are at Higher Risk for Severe Illness

Anyone associated with a sports program, including players, coaches, officials and individuals who operate as staff for recreational sport programs and leagues, who has a serious underlying medical condition should discuss their participation with their healthcare provider before returning to play. This includes:

- Adults 65 years of age or older
- People of all ages who have serious underlying medical conditions like:
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions
 - Immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - Severe obesity (body mass index [BMI] of 40 or higher)
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease
- Pregnant Women

If individuals have specific questions about their own health conditions - they should contact their medical provider before returning to recreational sport programs or leagues.

Healthy Hygiene Behaviors to Encourage

- Avoid touching your face.
- Frequently wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. Follow these 5 steps for hand washing or hand sanitizing every time.
 - a. Wet your hands with clean, running water (warm or cold), turn off the tap with paper towel and apply soap.
 - b. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 - c. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
 - d. Rinse your hands well under clean, running water.
 - e. Dry your hands using a clean towel or air dry them.
- Urge players to bring and use hand sanitizer prior to, during and after sessions when handwashing is not available.
- Cover mouth and nose (with arm or elbow, not hands) when coughing or sneezing and wash hands afterward.
- Frequently clean commonly used surfaces and equipment with an antiseptic cleanser.
- Avoid contact with other individuals (shaking hands, for example).

- Stay home if you feel sick and contact your health care provider.

Cloth Facial Coverings

It is recommended that all players, coaches, officials, staff and spectators have a cloth facial covering in their possession for times when physical distancing measures are difficult to maintain. Face coverings should be worn as much as possible. The [CDC acknowledges](#) that face coverings may be challenging for players (especially young players) to wear while playing sports. Organizations should strongly encourage players to wear face coverings while not engaged in active play (e.g., during warm-ups, while on the sideline or in the dug-out).

Drop-Off and Pick-Up

Signs should be posted at all entrances to facilities and participants/parents must be made aware that no one may enter a facility or participate in sport if they have symptoms of respiratory illness.

Ideally, for youth leagues, the same parent or designated person should drop off and pick up their child every day. If possible, older people such as grandparents should not pick up their children, because of their increased risk for serious illness.

Recreational sport programs and leagues should consider staggering arrival times. It is appropriate for programs or leagues to implement a “no spectator” rule if they so choose.

Hand hygiene stations could be set up at the entrance of the facility or near where sports are played to ensure all participants wash/sanitize their hands before entering or immediately after entering a facility.

Health Screening

A daily health check must be conducted prior to staff or participants joining in recreational sports play. Health checks can be performed by adult participants or parents and may be reinforced by a coach or staff member to include a visual inspection of the participant for signs of infection (which could include flushed cheeks, fatigue, extreme discomfort, etc.). The following questions are to be asked of oneself prior to each session:

1. Have you been in close contact with a person who has COVID-19?
2. Do you feel unwell with any symptoms consistent with COVID-19? *For example, have you had a cough, high temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?*
3. Take your temperature prior to arrival. Do not attend if temperature is over 100.4 F (if participant has not checked at home, leagues and programs may offer a touchless thermometer to check.)

If the answer to the first two questions is “yes” and/or the temperature is above 100.4 F, the participant must be sent home immediately.

Participants Attending Recreational Sport Programs or Leagues Responsibilities

- Anyone diagnosed with COVID-19 or awaiting test-results must self-isolate until:
 - It's been 3 full days of no fever without the use of fever-reducing medication, **and**
 - Other symptoms have improved, **and**
 - At least 10 days have passed since symptoms first appeared.
- If symptoms begin while participating in sport, the individual must be sent home as soon as possible. Keep sick participants separate from well participants and limit staff contact as much as possible.
- People with a temperature greater than 100.4 F must be sent home until they have and no fever for 72 hours without the use of fever-reducing medications.
- Equipment, and other supplies touched by participants must be thoroughly cleaned and disinfected regularly, although recreational sport programs and leagues should limit sharing these materials as much as possible.
- No spitting on the field or sideline.
- No sharing of water bottles.
- Do not touch or share other players equipment, pinnies, etc.
- Players must keep their jersey on while on the field and within the general vicinity of the field of play.
- "Arrive, Play, Leave". No gathering at the field or in the parking lot after games.
- Spectators should be kept to a minimum, and must follow current state social gathering limits and physical distancing guidelines.
- Personal equipment should be stored in a bag immediately following each game or training session. Clothes / uniform should be laundered and all personal equipment sanitized after each game or training session.
- Players are encouraged to bring hand sanitizer for use or wash their hands prior to, at half time, between innings, and immediately following a game or training session.
- Practice physical distancing of at least 6 feet whenever possible.
- No group celebrations. No celebrations that require physical contact.
- Respect other players. If you have concerns of being ill, STAY HOME!!!
- If you're not comfortable returning to play, PLEASE DON'T. You are the only person who knows yourself best. Do what you feel is right.
- All participants should wear a cloth face covering prior to and immediately following each game or training session.
- Avoid touching eyes, nose, and mouth with hands.
- Voluntarily sign the Communicable Disease Release of Liability and Assumption of Risk. (See Appendix A)

Recreational Sport Program and League Organization Responsibilities

Each program and/or league must develop and distribute to their members a specific written plan regarding their practices to reduce risk of transmission within their specific community and environment. This plan must include the following:

- Accurate emergency contact information and participant attendance roster to facilitate state contact tracing when/if needed.

- Creation, distribution and posting of approved Return-to-Play protocols to its members, registered participants, parents, governing bodies, affiliate organizations and facilities. Spectators should be kept to a minimum, if allowed at all.
- An effective communication plan to notify registered players, governing bodies, affiliated organizations and facilities if the league learns that a participant has developed Covid-19 and may have been infectious to others during a game or session, while maintaining confidentiality.
- As per the CDC, conditions that will need to be met before any player that contracts COVID-19 will be allowed to resume play include:
 - At least 3 days has passed with no fever; **and**,
 - Symptoms have improved (i.e., cough, shortness of breath or difficulty breathing, muscle or body aches, loss of taste or smell, etc.); **and**,
 - It has been at least 10 days since symptoms first appeared.
- Training and education protocols and requirements for staff, including state and local regulations, CDC recommendations and other necessary information. It will be the organizations' responsibility to see that all participants and associated staff adhere to these protocols and requirements.
- Be prepared to shut down and stop operations if the State of Vermont changes its guidelines to require stoppage.
- Respect players and league affiliates by accommodating those that may not yet be comfortable returning to play.
- Follow all state and local health protocols.
- Provide adequate field space to maintain social distancing while participants are not engaged in active game play.
- To the best of the organizations' ability, hand sanitizer should be made available during all sessions for participants in case they do not have their own. Players and coaches need to disinfect their hands prior to and immediately after every group session and after any contact with a shared surface.
- Prioritize outdoor, as opposed to indoor, training sessions and matches as much as possible.

These procedures may differ from one organization to the next, for additional specific guidance, please see [CDC guidelines regarding returning to youth sports](#):

Organizations should share these guidelines with their membership (via email, text, or on their website, for example) and post reminders regarding hygiene and social distancing at their facilities and training grounds.

Close Contact and COVID Cases in Recreational Sport Programs or Leagues

If a player, coach, officiant or individual who operates as staff for recreational sport programs and leagues has been identified as having been in [close contact](#) with someone who is diagnosed with COVID-19, they must self-quarantine: stay home. *This does not include healthcare workers that are properly using Personal Protective Equipment (PPE).* Please refer to the [Health Department's website](#) for what it means to be in close contact and for instructions for [isolation, quarantine, and self-observation](#).

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore

at higher risk of becoming infected themselves, can help prevent further spread of the virus. A contact tracing team from the Vermont Department of Health calls anyone who has tested positive for COVID-19. They ask the patient questions about their activities within a certain timeframe – to help identify anyone they have had close contact for a prolonged period of time. This is generally defined by the CDC as being less than 6 feet apart for a period of several minutes.) Those contacts might include family members, co-workers or health care providers.

When there is a confirmed case of COVID-19 in the recreational sports program or league; you will be able to consult with the contact tracing team at the Vermont Department of Health. To reach this team directly, you may call **802-863-7240**.

All Vermonters are encouraged to consider keeping a contact journal. If you do get sick, this will make it easier to get in touch with those people, and so they can take proper precautions to prevent further spreading of the coronavirus.

Physical Distancing Strategies:

Physical distancing is still the best way to slow the spread of the virus; although, it is recognized that this is frequently not possible in settings with younger children or during competition. Given the multitude of sports and diversity of participants in this sector, organizations are encouraged to adopt the strategies that best apply to their program or league and to adopt further strategies which will encourage distance between participants whenever possible. Organizations are specifically asked to consider the following:

- Keep participants in small groups (25 or fewer individuals), including coaches, to the maximum extent possible.
- Wherever possible, the same coach(es) should remain with the same group each day/practice.
- Plan activities and drills that minimize the potential for close physical contact between multiple players and limit the time players spend close to others by playing full contact only in game-time situations.
- During times when players are not actively participating in practice or competition, attention should be given to maintaining social distancing by increasing space between players on the sideline, dugout, or bench.

For programs with younger players, it may be necessary for a coach, parent, or other caregiver to assist with making sure that athletes maintain proper social distancing. Programs may ask parents or other household members to monitor their children and make sure that they follow social distancing and take other protective actions (e.g., younger children could sit with parents or caregivers, instead of in a dugout or group area).

Phased Implementation Timeline & Strategies

A phased approach to returning to play is encouraged to account for both: (i) the risk of both COVID-19 resurgence; and (ii) the risks of overtraining and injury due to a rapid return to play. This timeline is

intended to prioritize athlete health and well-being, including but not limited to the risks presented by COVID-19.

Recreational sport programs and leagues must continually abide by all applicable restrictions in their community, comply with all recommended guidelines to the maximum extent possible, and be prepared to cease progress or go back a phase if required by state guidance.

Phase 1 – Team-based Practice Sessions

Start Date: June 1, 2020

Group Size: Max 25 participants per group/cohort

Focus: Return to play with individual training and drills following strict social distancing guidelines

Participants: Intra-club participants only

Guidelines:

- No contact training is allowed and all activities shall be conducted with proper physical distancing with participants no less than 6 feet apart.
- Outdoor sports only. Indoor sports (i.e., hockey, volleyball, etc.) can resume no-contact training in outdoor environments where possible.
- Sessions should be designed to focus on individual skills, strength and conditioning.
- Participants, player, coaches and staff must remain physically distanced. Spectators should be kept to a minimum, if allowed at all, but must always be physically distanced and wearing cloth facial coverings.
- Participants will be provided a specific location for personal belongings.
- Water may not be shared.
- Participants to provide all personal equipment for use during training.
- Arrive, Play, Leave! No congregation before, during or after practices.
- Organize practice time to maximize social distancing, including staggered start and end times between sessions.
- High fives, fist bumps, physical celebrations to be discouraged
- No use of shared scrimmage vests or pinnies.
- In the event of an injury, staff may assess and facilitate management of the injured individual in accordance with proper first aid management. Family members may participate in injury management as necessary but other players should maintain proper social distance.
- Equipment used by staff (cones, for example) may not be handled by players or other attendees and disinfected after use.
- Face mask use by players and coaches shall be in accordance with local guidelines.
- To the best of the organizations ability, hand sanitizer should be made available during all sessions for participants in case they do not have their own. Players and coaches must disinfect their hands prior to and immediately after every group session and after any contact with a shared surface.

Phase 2 – Expanded Team Practice Sessions

Currently Anticipated Start Date:	June 15, 2020
Group/Pod Size:	Max 25 participants per group/cohort
Participants:	Intra-club participants only

Phase 2 aims to reduce restrictions on training sessions as to allow for more “game realistic” scenarios, including within team competition. This of course will be conducted under the recommendation to keep physical contact to a minimum duration when at all possible and to comply with physical distancing while not engaged in active play. Individual players from bordering states who belong to a Vermont-based club, organization or league may participate but must follow Vermont state recreational visitation guidelines. Phase 2 applies to team sports involving no or low-contact (e.g., tennis) or short-duration, incidental contact (e.g., soccer, softball, baseball, lacrosse, volleyball, hockey). High contact sports, or those which necessitate significant, longer-duration, close contact (e.g., wrestling, basketball, football) are not currently allowed.

Guidelines:

- Limited contact indoor sports (i.e., hockey, volleyball, etc.) can resume within team competitions but are encouraged to conduct training sessions and matches in outdoor environments where possible.
- Consider decreasing team sizes, as feasible.
- Maintain distinct cohorts of no more than 25; a cohort is considered to include players, coaches and game officials. As long as spectators observe physical distancing requirements they are not considered part of a cohort.
- Whenever possible, the same coaches/staff should remain with the same cohort.
- Cohorts should NOT mix or mingle with other cohorts, even within the same organization or league.
- Plays that involve player to player contact should be discouraged when possible.
- Conversations about a participants’ play or experience should be done by phone or email with parents or caregivers.
- Participants, players, coaches to remain physically distanced as much as possible.
 - Spectators should be kept to a minimum, if allowed at all, but must always be physically distanced and wearing cloth facial coverings as per state guidelines.
- Participants will be provided a specific, individual location for personal belongings.
- Sharing of equipment should be eliminated wherever possible. Equipment or supplies touched by multiple individuals should be sanitized between sessions.
- Water may not be shared.
- Arrive, Play, Leave! No congregation before, during or after practices.
- Modify game rules to accommodate physical distancing requirements as able.
- Organize practice time to maximize social distancing, including staggered start and end times between sessions.
- No high fives, fist bumps, physical celebrations.
- No use of shared scrimmage vests or pinnies.

- In the event of an injury, staff may assess and facilitate management of the injured individual in accordance with proper first aid management. Family members may participate in injury management as necessary but other players should maintain proper physical distance.
- Equipment used by staff (cones, for example) may not be handled by players or other attendees and disinfected after use.
- Face mask use by players and coaches shall be in accordance with local guidelines.
- To the best of the organizations' ability, hand sanitizer should be made available during all sessions for participants in case they do not have their own. Players and coaches should disinfect their hands prior to and immediately after every group session and after any contact with a shared surface.
- To support physical distancing and help limit spectators, no vendors or concession stands may be operated.

Phase 3 – Limited Local Vermont League Play & Competition

Currently Anticipated Start Date:	July 1, 2020
Group/pod Size:	Participant cohort/group size follows State social gathering guidelines
Focus:	Re-introduction of local (Vermont-only) league play
Participants:	Youth and adult Vermont-based clubs, organizations and leagues only

Phase 3 aims to reintroduce safe competition between local Vermont clubs and leagues. Phase 3 applies to team sports involving no or low-contact (e.g., tennis) or short-duration, incidental contact (e.g., soccer, softball, baseball, lacrosse, volleyball, hockey). High contact sports, or those which necessitate significant, longer-duration, close contact (e.g., wrestling, basketball, football) are not currently allowed. Social distancing measures are still to be observed while not engaged in active play. Individual players from bordering states who belong to a club, organization or league may participate but must follow Vermont state recreational visitation guidelines. All clubs, organizations and leagues may only service local Vermont participants only (e.g., out-of-state teams should not be allowed practice at Vermont facilities). All games in this phase should be conducted as individual sporting events, "jamboree" or tournament-style play (one team playing multiple games vs multiple opponents in a single day/weekend) is not permitted.

Guidelines:

- Total participants (players, coaches and officials) per training session and/or games are not to exceed state social gathering guidelines, per age-appropriate field.
- Whenever possible, the same coaches/staff should remain with the same cohort/group
- Conversations about a participants' play or experience should be done by phone or email with parents or caregivers.
- Modify game-related gatherings to promote physical distancing. Examples include but are not limited to:
 - Physical distancing on benches, in dugouts, etc.

- Pregame team meetings should be designed to encourage physical distancing.
- No high fives, fist bumps, physical celebrations.
- Participants, players, coaches to remain physically distanced as much as possible.
 - Spectators should be kept to a minimum, if allowed at all, but must always be physically distanced and wearing cloth facial coverings as per state guidelines.
- Participants' personal belongings should be placed in a manner that observes and supports physical distancing.
- No sharing of equipment or water.
- Arrive, Play, Leave! Minimal congregation before, during or after practices / games.
- No use of shared scrimmage vests or pinnies.
- In the event of an injury, staff may assess and facilitate management of the injured individual in accordance with proper first aid management. Family members may participate in injury management as necessary but other players should maintain proper social distance.
- Equipment used by staff (cones, for example) may not be handled by players or other attendees and disinfected after use.
- Face mask use by players and coaches shall be in accordance with local guidelines.
- To the best of the organizations ability, hand sanitizer should be made available during all sessions for participants in case they do not have their own. Players and coaches should disinfect their hands prior to and immediately after every group session and after any contact with a shared surface.

Additional Best Practice Suggestions

Clear and consistent communication to participants/parents is crucial! Recreational sport programs and leagues must clearly communicating their specific plans/protocols with all participants, parents, spectators, and staff before returning to play. Weekly emails/electronic communications are encouraged.

Recreational sport programs and leagues must work with facilities to ensure that proper signage is in place before returning to play. Signage Resources are available at:

[Employee/Public Postings](#)

[Stop the Spread of Germs](#)

[Sample Suggestions and Signage from VDH](#) [Additional signage from CDC](#)

Testing is available and encouraged for all coaches, officials, and staff interacting with participants through the [Vermont Department of Health's pop up testing](#) sites, available to anyone without symptoms. Anyone experiencing symptoms of COVID-19 should call their health care provider to schedule a test.

Designate a staff person or volunteer to be responsible for responding to COVID-19 concerns. All coaches, staff, officials, and families should know who this person is and how to contact them. Stay informed about the local COVID-19 situation. Know where to turn for reliable up-to-date information.

Monitor the [CDC COVID-19 website](#) and the [Vermont Department of Health website](#) for the latest information.

The Committee remains steadfast in our commitment to the safety of our players, coaches, referees, families, and communities. It is imperative that everyone understand their role and demonstrate a commitment adhering to the Return-to-Play Guidelines which have been created based on federal, state, and local directives and guidance with the intent of providing a safe environment to get back on the field. If there is hesitation in returning to play – **DON'T; just because you can does not mean you MUST.**

Appendix A

COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

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

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE** (NAME OF ORGANIZATION), 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 **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

Participant's Signature

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____

Parent/Guardian Signature

Date

Emergency Phone Number(s)

NOTE: This is a **SAMPLE WAIVER FORM** only. Final wording should be as directed by the insured's legal counsel.