

**YOUTH WAIVER AND CONSENT FORM**

Polish Falcons of America  
National Youth/Adult Volleyball Tournament  
Hosted by: Nest 564 La Porte, IN  
November 5 – 7, 2021

I hereby agree to allow my child \_\_\_\_\_ to participate in the sport designated above. (Please print child's name and age)

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in travelling and other related activities incidental to my child's participation, and I am willing to assume these risks. I hereby certify that my child is fully capable of participating in the designated sport and that they are healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation and attendance at the Polish Falcons of America National Youth/Adult Volleyball Tournament and related activities, I understand that the recent COVID 19 pandemic has resulted in various jurisdictions and organizations requiring the use of masks, social distancing and, in some cases, vaccinations. All Adults aged 18 or above who attend the Tournament in any capacity, participant, coach, spectator, official, etc., will be required to show proof of vaccination to be inside the facility. No exceptions. Members aged 17 and under are not required to be vaccinated to participate in the Tournament. Participants under the age of 17 who are not vaccinated will be asked to wear a mask when not playing.

All persons who attend the Tournament in any capacity will have their temperature taken upon entrance to the gym each day. If an attendee has a temperature of 100.4 or higher, they will not be allowed to enter the gym or participate in the tournament.

By signing this Waiver and Consent form, I hereby waive, release, and hold harmless the Polish Falcons of America, and Nest 564 La Porte, IN and the officers, coaches, sponsors, supervisors, and representatives of both organizations for any injury which may be suffered by my child in the normal course of participation in the designated sport and activities incidental thereto, whether the result of negligence or any other cause, including any injury which may be attributed to COVID 19 from participating in such an event and related activities.

Parent Name: (Please print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Polish Falcons of America reserves all rights to photographs and videos taken during this event which will be used solely to promote the mission of the PFA including our printed publications and out website. Parents agree to allow the PFA to use photographs and videos in which their child appears.

I have read and understand the above:

Parent Signature: \_\_\_\_\_