



~OFFICE USE ONLY ~

LAST NAME: _____

Assumption of the Risk & Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the WHO. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, restricted the congregation of groups of people.

The Ann Arbor Ice Cube (the Cube) has put in place preventative measures to reduce the spread of COVID-19; however, the Cube cannot guarantee that you will not become infected with COVID-19. Further, attendance and participation in activities at the Cube could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

PLEASE READ CAREFULLY BEFORE SIGNING

- By signing this agreement. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending or participating; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Cube, its managers, directors, officers, members, agents, representatives, attorneys, staff, volunteers, affiliates, lessees, occupants, tenants, employees, coaches, contractors, volunteers, program participants and their families, heirs, representatives, predecessors, successors and assigns (each considered one of the "Releasees" hereinafter).
- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, illness, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur as a result of possible exposure to or infection from COVID-19 in connection with my attendance or participation at the Cube. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any and all claims based on the actions, omissions, or negligence of, the Cube, its managers, directors, officers, members, agents, representatives, attorneys, staff, volunteers, affiliates, occupants, tenants, employees, coaches, contractors, volunteers, program participants and their families, heirs, representatives, predecessors, successors and assigns, whether a COVID-19 infection occurs before, during, or after attendance or participation at the Cube.
- I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while attending or participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition or risk factor which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition or risk factor.
- I agree that this Authorization and Waiver shall be governed by and construed in accordance with the laws of the State of Michigan. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.



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- By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.
- I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.
- I have signed a separate general waiver of liability connected to my participation at the Cube, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.
- *I agree that I will abide by the hygiene rules established by the Cube; practice safe social distancing rules as recommended by federal and state health agencies; and report symptoms, suspected or confirmed infection, or suspected exposure, and to allow sharing of that with teammates as part of contact tracing.*

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.

 PARTICIPANT NAME - **PLEASE PRINT**

 PARTICIPANT SIGNATURE

 DATE SIGNED

 AGE

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
 (Must be completed for participants under the age of 18)**

In consideration of _____(PRINT minor's names) being permitted to attend or participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence that the minor may experience or incur as a result of possible exposure to or infection from COVID-19, which are brought by or on behalf of the minor or are in any way connected with such attendance or participation by the minor in an activity at the Cube.

Parent or Guardian _____ Print Name _____ Date. _____

**AAFSC Assumption of the Risk and Waiver of Liability
Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Ann Arbor Figure Skating Club (“the Club”) has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attendance and/or participation in activities at the Club could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, coaches, contractors, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, illness, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur as a result of possible exposure to or infection from COVID-19 in connection with my child(ren)’s attendance at the Club or participation in Club programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its manager, directors, officers, employees, contractors, coaches, volunteers, agents, representatives, program participants and their families, heirs, representatives, predecessors, successors and assigns, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its manager, directors, officers, employees, contractors, coaches, agents, representatives, program participants and their families, heirs, representatives, predecessors, successors and assigns, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

I acknowledge that I have signed a separate general waiver of liability connected to my participation at the Club and I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

By signing this waiver, I also agree to:

- Abide by the hygiene rules established by the Club
- Abide by the safe distancing rules established by the Club as recommended by federal and state health agencies
- Report symptoms, suspected or confirmed infection, or suspected exposure, and to allow sharing of that with teammates as part of contact tracing

Signature _____ Print Name, _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to attend or participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence that the minor may experience or incur as a result of possible exposure to or infection from COVID-19, which are brought by or on behalf of the minor or are in any way connected with such attendance or participation by the minor in an activity at the Cube.

Parent or Guardian _____ Print Name _____ Date. _____

PLEASE NOTE: ALL above signatures and information are required.

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Michigan Department
of Community Health



RECEIVED
K. HARRIS
D. HARRIS

▶ **"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

**WAIVER and RELEASE of LIABILITY, ASSUMPTION of RISK and
INDEMNITY AGREEMENT --- Learn To Skate**

SKATERS NAME: _____

The following must be competed before membership is accepted.

I expressly acknowledge:

In consideration of participating in Ann Arbor Figure Skating Club activities, I represent that I understand the nature of figure skating activities (“activity”) and that I am qualified, in good health and in proper physical condition to participate in such “activity”. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the “activity”.

I fully understand that this “activity” involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the “activity”, the conditions in which the “activity” takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the “activity”.

I hereby release, discharge, and covenant not to sue the Ann Arbor Figure Skating Club , United States Figure Skating, it’s directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the “activity” takes place (each considered one of the “Releasees” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

The Ann Arbor Figure Skating Club has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the Ann Arbor Figure Skating Club shall not be responsible for the supervision of the members at Club Ice.

This Authorization and Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Authorization and Waiver will continue in full force and effect even after the termination of the Activities conducted by, on the premises of, or for the benefit of, the AAFSC, whether by agreement, by operation of law, or otherwise.

This Authorization and Waiver is governed by the laws of the State of Michigan and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Authorization and Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective.

I grant permission to AAFSC to utilize any photograph, videotape, motion picture, recording or other record of me.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature of Applicant Member
Date

Date

Signature of Parent/Legal Guardian (if applicant is under age 18)

Financial Contract

The Ann Arbor Figure Skating Club is under obligation to meet all the standards of the U.S. Figure Skating. Therefore: In order to remain a member in good standing of the AAFSC, I agree to meet all of my financial obligations to the AAFSC when due. I also understand that all test or competition forms signed in advance can be recalled at any time if there is a financial delinquency to the Club. This would mean that the applicant could not take the test or participate in the event.

Parent signature if member is under 18 year of age

Date