

PLAYER WAIVER

INNERCITYTENNIS

PLAYER NAME _____ DATE _____

EMAIL _____ PHONE _____ CELL

- I understand that the activities directed by InnerCity Tennis (ICT) and the environment where these activities take place (such as the Reed Sweatt Tennis Center, or other rented or leased facilities and courts) present potential health risks to me and my family members who use or visit these facilities. I understand that these potential health risks have been exacerbated by the novel Coronavirus and/or other transmissible viruses. I accept these risks for myself and on behalf of any minor children in my family who participate in any ICT programs.
- I understand that neither ICT nor its employees/staff are making claims that they possess medical knowledge or expertise. I similarly understand that neither ICT nor its employees/staff are claiming any particularized knowledge or expertise pertaining to the novel Coronavirus or any other transmissible viruses. I am making the decision to participate in ICT activities despite the fact that neither ICT nor its employees/staff have this medical knowledge or expertise.
- I understand that separate and apart from the health risks associated with the novel Coronavirus, there are other risks of physical injury or medical problems associated with playing any physically demanding sport, including tennis. I understand that if there is a medical emergency, I will provide the ICT staff directives regarding whether they should contact a family member, a medical professional, an ambulance, or some other health care provider. I further understand that if I am unconscious and unable to provide this directive, and no appropriate family member is present to do, ICT and its employees/staff will make the determination regarding the medical care I may need. I understand that this determination could include calling for an ambulance. I agree to assume all costs relating to such medical care, EMTs, ambulance, etc.
- I understand that there is a risk of contracting the novel Coronavirus and Covid 19 by participating in activities at ICT's tennis facility or other ICT rented or leased facilities, including ICT's summer programs. I further understand that the risks of infection and/or the seriousness of the infection can be affected by underlying health conditions, such as heart disease, diabetes, obesity, other chronic illnesses, past serious health conditions or illnesses, pregnancy, and other issues. In deciding whether to participate in the activities at ICT's facilities, I have evaluated my risk factors and taken them into consideration in determining whether to participate in tennis or related activities.
- I understand that until further notice, ICT's policy regarding the use of face coverings (masks or similar coverings) will be governed by Minnesota Department of Health guidelines or guidelines from other governmental bodies (such as the City of Minneapolis). At the present time, and until further notice, these guidelines require the use of masks or other face coverings in all general areas at the ICT tennis facility (e.g., the front desk, the lobby, the locker rooms, the restrooms, the classrooms, etc.). I also understand that the guidelines currently in place do not require the use of masks or other face coverings when individuals are on the tennis courts themselves and that the players on the courts are empowered to decide for themselves whether to wear masks or other face coverings when they play. I recognize that the risk of infection is increased when individuals are not wearing masks or other facial coverings while on the courts and I accept those risks.
- I understand that while ICT will endeavor to maintain a high level of cleanliness and sanitation at its facilities, ICT will not disinfect each court after each group of participants concludes its playing time. This means that ICT will not be disinfecting the nets, the benches, the score cards, or other parts of the courts between playing groups. I accept any increased risks associated with this approach.
- I understand that if I, or a family member, exhibit signs of an upper respiratory infection (coughing, sneezing, fever, difficulty breathing, etc.), the ICT staff may request me to leave the facility. I agree to abide by this request. I also represent that I will not attend the ICT programs or come to the ICT facilities if I am experiencing these types of physical problems.
- I accept all foreseen and unforeseen risks associated with the activities described above. I agree, on my own behalf, and on behalf of my family members, my heirs, executors, or anyone else who may make a claim on my (or their) behalf, to hold ICT and ICT's Board Members, executives, managers, employees, coaches, organizers, independent contractors, agents, insurers, and anyone else affiliated with ICT, harmless against any claims arising from my participation in ICT activities.
- I authorize ICT to use photographs, videos, my name, and any evaluations, surveys, or other records I provide during my participation in ICT programs for any reasonable purpose. If you would like to opt out of this agreement, please indicate here and we'll note it in your profile: **Opt Out**

By signing below, I certify that I have read, understand, and accept the foregoing. If I am executing this form on behalf of a minor child, I have provided that individual's name below.

Signature _____

Parent / Guardian name if signing for a player under 18 years old _____