

KINGSPORT PARKS AND RECREATION ADULT TEAM ROSTER / WAIVER AGREEMENT

Team Name _____ Year _____

League/Tournament _____ Division _____

Manager _____ Email _____ Cell Phone _____

PLAYER'S NAME (Print)	EMAIL	ADDRESS	PHONE #	PLAYER'S SIGNATURE	DATE
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By signing this document above, I hereby agree and understand the Release of all Claims/Waiver & Hold Harmless Agreement, Assumption of the Risk & Waiver of Liability Relating to Coronavirus/COVID-19, and the Concussion & Cardiac Arrest Statement.

Release of All Claims/Waiver & Hold Harmless Agreement

I do hereby release the City of Kingsport, its officers, employees, and agents from all claims to recover for any *harm* as consideration exchanged for the opportunity to participate in any *activities*. By signing this document I acknowledge that I have read and understood the document in its entirety, that I understand and assume the risks of participation whether known or unknown which include the described *harm* that may result from participation. Furthermore, I acknowledge that I may be dismissed from any *activities* should I fail to comply with public health guidelines. I have signed this document knowingly and willingly without any other inducement than the consideration set forth herein.

Photo & Video Policy: Please be aware that photos and videos may be taken to promote the services and facilities that our City offers and become the City's sole property. The City of Kingsport and the media may publish these photographs or air these videos in printed publications, cable TV, and online on the City's website and social media.



(See Reverse)

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

Participation in either City of Kingsport hosted activities or activities permitted to take place on City of Kingsport property (collectively “activities”) could increase your risk of contracting the novel coronavirus which causes COVID-19. The World Health Organization has declared COVID-19 to be a pandemic. While the City will attempt to mitigate the spread of COVID-19, the disease still poses a threat to those who participate in activities and no participant shall have any expectation that the City will eliminate the risk of exposure. Due to the nature of coronaviruses, there is an inherent risk of exposure through the participation in social activities and said exposure could lead to illness or death, All participants in any activities shall abide by the guidelines and regulations declared by the State of Tennessee, Sullivan County, and the City of Kingsport in an effort to further lessen the spread of COVID-19. Failure to comply may result in dismissal from the activities and forfeiture of any fee paid. The guidelines and regulations issued by the State of Tennessee and Sullivan County may be found at:

<https://www.sos.tn.gov/products/division-publications/executive-orders-governor-bill-lee>

<https://www.tn.gov/governor/covid-19/economic-recovery/tennessee-pledge.html>

<https://www.sullivanhealth.org/>

Participants in any activities acknowledge and assume the risks of potential exposure to or contraction of COVID-19. If contracted COVID-19 may cause illness, personal injury, or death all of which may lead to damages or loss such as pain and suffering, emotional distress, disability, medical expenses, lost wages, or other financial hardship (collectively “harm”).

Concussion Information

- A concussion is a brain injury which should be reported to my parents, my coach or a medical professional if one is available.
- A concussion cannot be “seen”. Some symptoms might be present right away. Other symptoms can show up hours or days after an injury. Symptoms to watch for: one pupil larger than the other; 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*)
- Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.
- After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.
- After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.
- Sometimes repeat concussion can cause serious and long-lasting problems and even death.
- I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.
- I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.
- I will/my child will need written permission from a *health care provider** to return to play or practice after a concussion.

Cardiac Arrest Information

- Sudden Cardiac Arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs.
- SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the heart to suddenly stop beating.
- If not treated within minutes, SCA results in death. The normal rhythm of the heart can only be restored with defibrillation, an electrical shock that is safely delivered to the chest by an automated external defibrillator (AED).
- Although SCA happens unexpectedly, some people may have signs or symptoms, such as: dizziness; lightheadedness; shortness of breath; difficulty breathing; racing or fluttering heartbeat (palpitations); syncope (fainting); fatigue (extreme tiredness); weakness; nausea; vomiting; and chest pains.
- There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it. Athletes who experience one or more symptoms should get checked out.
- I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.
- I will not return to play in a game or practice if I pass out or faint while participating in an athletic activity, or exhibit any cardiac arrest-related symptoms.
- I will/my child will need written permission from a *health care provider** to return to play or practice after experiencing symptoms consistent with sudden cardiac arrest.

* *Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

I, _____, manager of the above team, do hereby state that all of the information supplied is correct to the best of my knowledge and that all of the participants have signed the above roster with their own hand writing. I further agree that each participant is eligible to compete with this team in accordance to the rules and guidelines stated by Kingsport Parks & Recreation.

Manager’s Signature: _____

Date: _____

