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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 [Print Name Child’s ] [Apt. and Street]

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 [City] [Province/State] [Postal/Zip Code]

hereby acknowledge and agree that:

* + Basketball may expose participants to some risks and hazards, some of which are inherent in the very nature of basketball itself, others which result from human error and negligence on the part of the persons involved in preparing, organizing and staging the basketball.
	+ As a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury, even death, COVID-19 exposure as well as property loss;
	+ Some of the aforesaid risks and hazards are foreseeable, but others are not;
	+ I nevertheless **FREELY AND VOLUNTARILY ASSUME ALL THE AFORESAID RISKS AND HAZARDS**, and that, accordingly, my preparation for, and participation in basketball **SHALL BE ENTIRELY AT MY OWN RISK**;
	+ I understand that neither All Canada Basketball Camps Corp./Impact Training Centre nor any of its directors, officers, employees, sponsors, independent contractors, members, players or agents assume any responsibility whatsoever for my safety during the course of my preparation for or participation in basketball;
	+ I have carefully read this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM**, fully understand same, and acknowledge that I am freely and voluntarily executing this Form;
	+ I clearly understand that **[insert organization/association name(s)]** would not permit me to participate in **[insert sport or activity here]** unless I signed this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM, and that this ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM** applies to basketball camp and that the terms of this Form and have been explained to me by **All Canada Basketball Camps Corp.** or one or more of their representatives and my parents.
	+ I am physically capable of participating in basketballand that I have no pre-existing conditions that would hinder my ability to participate in this camp and the sport of basketball.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent and/or legal guardian (Please print) Parent and/or legal guardian (Please sign)

**DAILY COVID-19 ATTESTATION AND AGREEMENT**

 **ALL CANADA BASKETBALL EVENTS CORP. (the “Organization”)**

By signing below, the Participant (named below) or the Participant’s Guardian attests that the Participant:

1. Does not knowingly have COVID-19;
2. Is not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or malaise;
3. Has not travelled internationally during the past 14 days;
4. Has not frequented a COVID-19 high risk area in the Province during the last 14 days;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
6. Has been following government recommended guidelines in respect of COVID-19, including practicing physical distancing.

Furthermore, by signing below, the Participant or the Participant’s Guardian agrees that while attending or participating in the Organization's events or attending at the Organization’s facilities, the Participant:

1. Will follow the laws, recommended guidelines, and protocols issued by the Government of the Province in respect of COVID-19, including practicing physical distancing, and will do so to the best of the Participant’s ability while participating in the Organization's events or attending at the Organization’s facilities;
2. Will follow the guidelines and protocols mandated by the Organization in respect of COVID-19;
3. Will, in the event that the Participant experiences any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately:
	1. inform a representative of the Organization; and
	2. depart from the event or facility.

**FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19**

By signing below, the Participant (named below) or the Participant’s Guardian attests that the Participant has been diagnosed with COVID-19 but has been cleared as noncontagious by provincial or local public health authorities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name:** |  |  |  |
|  | the “**Participant**” |  |  |
|  |  |  |  |
| **Print Name:** |  |  |  |
|  | The “**Guardian**” (if Participant is a minor) |  |  |
|  |  |  |  |
| **Signature:** |  | **Date:** |  |
|  | Participant or Guardian for minor |  | (mm/dd/yyyy) |