



EUPA COVID-19 Waiver, Attestation, and Release of Liability

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY

Waiver

I acknowledge that my participation in Edmonton Ultimate Players Association (EUPA or The Association) leagues is voluntary and that such participation may increase my risk of exposure to COVID-19. I freely accept and fully assume all inherent risks, dangers and hazards and the possibility of personal injury, death, or loss resulting there from.

I acknowledge the contagious nature of the Coronavirus/COVID-19.

I further acknowledge that EUPA has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 in alignment with guidelines set forth by the Alberta Government.

I further acknowledge that EUPA can not guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, participants, staff, directors, and volunteers.

I understand the above stated and voluntarily participate in a EUPA league and acknowledge that I am increasing my risk of exposure to the Coronavirus/COVID-19. I will comply with all set procedures to reduce the spread while participating.

Attestation

I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell

I have not traveled internationally within the last 14 days.

I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

I have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non-contagious by provincial or local public health authorities.

I am following all Alberta Health Services recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

If any of the above conditions change, I will cease participation immediately and notify EUPA of any such changes.

I acknowledge that, in its absolute discretion, the Association may provide my name, contact, and participation information to Alberta Health Services in the event of a potential outbreak, in order to aid in contact tracing.

Release

I hereby release and agree to hold EUPA harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Association, or that may otherwise arise in any way in connection with participation in any EUPA Leagues. I understand that this release discharges EUPA from any liability or claim that I, my heirs, or any personal representatives may have against the Association with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection with participation in any EUPA league. This liability waiver and release extends to the Association together with all employees, directors, and volunteers.