

This form must be submitted to your school Principal

ASAA Acknowledgement and Waiver Form: Coaches and Event Volunteers

ASAA 4A Volleyball Provincials, November 25-27, 2021, Lindsay Thurber, Red Deer with games also being hosted at Gateway Christian School and Hunting Hills High School.

I, **[name of Coach or Volunteer]**_____ acknowledge that as a condition of participating in **ASAA 4A Volleyball Provincial Championships**, I must acknowledge receiving the following information, I must acknowledge the risk of participating in **ASAA 4A Volleyball Provincial Championships** in any capacity and I must acknowledge and agree that I will not seek any compensation or damages arising from any claim I may have against the Alberta Schools' Athletic Association ("ASAA") its officers, directors, employees, volunteers or anyone else involved in the preparation for or staging of **ASAA 4A Volleyball Provincial Championships** including those not directly affiliated with the ASAA (e.g. owners or operators of site or venue) that is based on the transmission of Covid 19 or any other communicable disease.

I acknowledge that I am aware of the current rates of infection of Covid 19 and its variants in the province of Alberta and that others from various parts of the province where infection rates are high may be attending **ASAA 4A Volleyball Provincial Championships**.

I acknowledge that medical resources such as hospital beds and personnel may not be available to treat an injury or illness that occurs either while travelling to or from **Lindsay Thurber, Red Deer** or at **ASAA 4A Volleyball Provincial Championships** due to the high demand for these resources throughout the province.

I acknowledge that while the ASAA has insurance coverage in place to respond to most claims, **there is no insurance coverage that will respond to a claim related to a communicable disease, including Covid 19 and its variants.**

I have reviewed the [Schedule "A"](#) which sets out the precautions and preventative measures which the ASAA will implement to attempt to reduce the risk of transmission of a communicable disease, including Covid 19 and its variants. I acknowledge that the precautions and preventative measures represent a reasonable attempt to reduce the risk of transmission of a communicable disease, including Covid 19 and its variants. I also acknowledge that there may be additional precautions and preventative measures put in place and that I will fully cooperate as directed to ensure the effectiveness of those.

I acknowledge that the Government of Alberta and the College of Physicians and Surgeons has recommended vaccination as the best protective measure a person can take to reduce their risk of contracting or suffering serious health effects from a communicable disease, including Covid 19 and its variants. I acknowledge that by participating in **ASAA 4A Volleyball Provincial Championships**, I am representing to

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the ASAA that I have done everything I can do to minimize the risk of becoming infected myself or infecting others.

I acknowledge that if I fail or refuse to follow any direction from anyone associated with the preparation or staging of the **ASAA 4A Volleyball Provincial Championships** or resist their direction in a manner which they feel is threatening to them, I will immediately remove myself from the location where **ASAA 4A Volleyball Provincial Championships** is taking place upon being asked to do so.

I, **[name of Coach or Volunteer]**_____ acknowledge receiving the above information, I acknowledge the risk of participating in **ASAA 4A Volleyball Provincial Championships** in any capacity and I acknowledge and agree that I will not seek any compensation or damages arising from any claim I may have against the ASAA, its officers, directors, employees, volunteers or anyone else involved in the preparation for or staging of **ASAA 4A Volleyball Provincial Championships** including those not directly affiliated with the ASAA (e.g. owners or operators of site or venue) that is based on the transmission of Covid 19 or any other communicable disease.

Signed _____ Date: _____

Name (Print clearly)_____
