

**Coaching Kids, Inc. DBA McHenry Athletic Complex (The MAC) & Epic Ninja LLC**  
**Medical Emergency Release & Liability Waiver**

In enrolling at the McHenry Athletic Complex, also referred to as “The MAC” and/or Epic Ninja LLC, participants understand that he/she attending the programs and using The MAC and the facilities, does so at his/her own risk. The McHenry Athletic Complex and its owners, employees or agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by a participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/she does hereby fully and forever release, discharge and hold harmless the McHenry Athletic Complex, all associated facilities and its owner(s), employees, and agents from any and all claims, demands, damages or rights of action, present and future, resulting from any person’s participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play along with our concussion protocol set by the McHenry Athletic Complex. Failure to do so may result in suspension from participation. The participant and their guests are aware there are risks to their activities of exposure to directly or indirectly arising out of, contributed to, or resulting from an outbreak of any and all communicable diseases, including, but not limited to, the virus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. I understand and fully agree that the McHenry Athletic Complex does not provide any insurance coverage for communicable disease related claims. The participant and their guests hereby releases, indemnifies and holds harmless the McHenry Athletic Complex, it's directors, officers,

agents, employees, contractors, other participants, sponsors, advertisers and owners from any and all claims, demands, losses and liabilities arising out of, or related to, any illness, injury, disability or death that participants or guests may suffer to the fullest extent permitted by law, whether a COVID-19 infection occurs before, during or after participation at the participant’s activities. Consent: I, the undersigned parent/guardian or participant, do hereby grant authority to the staff at The McHenry Athletic Complex to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize the McHenry Athletic Complex and its assignees to use any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me as they deem appropriate in its promotional materials or team films. As the parent/guardian of the participant below, I request that in my absence, the named player be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the head coach and on-site volunteer medical/first-aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the player to the hospital. I request the authorized physicians, athletic trainers, technicians, first-aid personnel, nurses and dentists to perform any diagnostic treatment or operative procedures and x-rays for the named player. I have given no guarantee as to the results of examination or treatment. I accept total responsibility for any and all medical costs of the player named below. I agree that if this waiver goes out of date in the middle of a registered program, league, or tournament, this waiver remains in effect until the last participation date. I have read and understand the above release and grant my permission to administer medical care.

Participant’s Name \_\_\_\_\_ DOB \_\_\_\_\_

Participant’s Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent/ Player (over 18) Signature \_\_\_\_\_ Date \_\_\_\_\_