



Swish Sports, LLC COVID-19 Pandemic Consent Form –Coaches
Assumption of the Risk & Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed mainly to spread from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and face coverings for unvaccinated people.

Swish Sports, LLC has put in place preventative measures to reduce the spread of COVID-19; however, Swish Sports, LLC cannot guarantee that you will not become infected with COVID-19. Further, attending/participating in the San Diego Swish Pro-Am could increase your risk of contracting COVID-19.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed here: Fever, Shortness of Breath, Loss of sense or taste or smell, dry cough, runny nose or sore throat.

Initial: _____

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending this event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Canyon Crest Academy gym may result from the actions, omissions, or negligence of others, including, and myself but not limited to, Swish Sports, LLC - employees, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or exposure, of any kind, that I may experience or incur in connection with my attendance at the event ("Claims"). ON my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Swish Sports, LLC, it's employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Swish Sports, LLC, it's employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in any 2021 San Diego Swish Pro-Am program.

Signature of Participant

Print Name of Participant _____ Date: _____



Treatment Consent/Risk Awareness - Swish Sports, LLC

Please read the following information carefully. If you have any questions or do not understand any of the information, please ask the Athletic Trainer before signing.

Treatment Consent

I hereby grant permission to the athletic trainer for the San Diego Swish Pro-Am Basketball League to treat me in the event of injury. This permission includes emergency survey and admission to the hospital as deemed necessary, in addition to medications used as part of the treatment. I/We hereby release the above-named institution, it's employees and Athletic Trainers, together with all persons assisting with any phase of medical services, from all liability and responsibility in connection with such activities. I/We further agree to indemnify and hold harmless said parties from all claims hereafter made and asserted by or on my behalf of the below-named Referee, heirs, executors or assigns.

Awareness Of Risk

The responsibility for sport safety must be shared by all, included in this group should be the administrators, coaches, athletic trainers, referees and athletes as well. I, the undersigned am aware that there is a certain risk of injury involved in my participation in the Swish Pro-Am Basketball League. Myself and the Swish Sports, LLC understand that my signature does, in no way relieve the San Diego Swish Pro-Am of it's responsibilities towards my welfare. It is intended to make me aware of the responsibility being shared and that there is a risk of injury. I understand that this includes the risk of spinal cord and brain injury that my result in paralysis and the possibility of other permanent injury or death.

Coach's Signature

Date



San Diego Swish Pro-Am Basketball League

2021 Emergency Medical Contact Form

**** This form must be fully complete and in ink. ****

Coach Information:

Full Name: _____

Date of Birth: _____

Home Address: _____

City, ST, Zip: _____

Cell Phone: _____

Emergency Contact:

Name: _____

Contact phone: _____

Relation to athlete: _____

Insurance Info (If applicable)

Name of individual responsible for policy:

Insurance Co Name: _____

Ins. Address: _____

City, ST, Zip: _____

Ins. Phone: _____

Group #: _____

Member #: _____

Effective Date: _____

Ins. Plan (Circle) HMO PPO Other

Name of PCP: _____

PCP Phone: _____

Policy #: _____