



2020 SHOW-ME STATE GAMES WAIVER OF LIABILITY



This page needs to be completed by all coaches and players.

Sport: _____	
Participant Name: _____	Phone: _____
Address: _____	Birthdate: _____
City, State, Zip: _____	
Email: _____	

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

In consideration of my entry into the competition known as the SHOW-ME STATE GAMES, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including but not limited to any claims for loss, damages, injury or disease to my person or property arising out of my performance or failure of performance, from the State of Missouri, the Governor’s Council on Physical Fitness and Health, the National Sports Governing bodies, the Curators of the University of Missouri, referees, referee assignors, referee organizations, the owner of the site of any festival or finals competition I may be participating in, their agents, representative, successors and assigns.

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, release and hold harmless the aforementioned parties and also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

Athlete’s Signature (if age 18 or older)

Parent’s or Guardian’s Signature
(If athlete is under 18 years of age)

Date

EMERGENCY CONTACT PERSON

Name

Home Phone / Work Phone



2020 SHOW-ME STATE GAMES CODE OF CONDUCT



This form needs to be completed by:

- All athletes participating in individual sports, i.e, cycling, pickleball, etc.
- All volunteers
- All head coaches of team sports. COACHES please share with athletes and parents before signing.

Before going to event:

- Players, spectators and volunteers have no flu-like symptoms.
- Players, spectators and volunteers have not been in direct contact with a known case of COVID-19 in the past 14 days.
- It is recommended that one should not attend if considered high risk, or living in close quarters to someone having high risk profile.
- All players and volunteers should wipe down and disinfect all equipment before arriving at facility.
- Only immediate family members of athletes may attend the event as spectators.
- Personal protective equipment is not required but is encouraged.

Behavior:

- Cover mouth and nose with a tissue or your sleeve (not your hand) when you cough or sneeze.
- Wash hands with soap and water often.
- Use hand sanitizer gel often if soap & water are not available.
- Do not touch your eyes, nose or mouth.
- All athletes should bring their own water bottles. There should be no sharing of water bottles, team water coolers, or team snacks.
- There must be no hand shaking, high fiving, or fist bumping at any time.

Practice Social Distancing:

- Players, spectators and volunteers should keep a distance of at least 6 ft. between yourself and others. Family/household members can be together.
- Spectators are encourage to bring their own chairs for sitting or may stand during games. If using the bleachers, fans are encouraged to clean an area before sitting.
- All facilities must maintain 50% or less of authorized capacity or a maximum of 50 people, whichever is less.
- Arrive at your allotted time, schedules are set to accommodate for social distancing.

All sports following Play:

- Teams should leave the facility immediately following the game. Games will be scheduled to accommodate for social distancing between teams as well as field/court sanitation.
- All athletes and volunteers should wash hands with soap or use hand sanitizer immediately following each event.
- No extra-curricular or social activity should take place. No congregating in the parking lot after the game.

The above guidelines may evolve prior to the event an update will be shared with the coaches as appropriate. All athletes and staff should follow the guidelines. Non-compliance may result in the inability to compete.

I, the undersigned, release and hold harmless the aforementioned parties and also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

Athlete's Signature (if age 18 or older)

Parent's or Guardian's Signature
(If athlete is under 18 years of age)

Date