Team Nikos Long Beach Contact Information

- Amber and Jonathan Holloway
- tnlb@teamnikos.com
- 562 209 4904 (text is the preferred method)

Team Nikos Long Beach 2021 – 2022 Disclaimer/Waivers

REFUND POLICY:

Team Nikos has a NO REFUND POLICY unless it is an overpayment, duplicate payment, or program cancelled by Long Beach Team Nikos. If a child is injured during program, a credit will be issued (to be used at a later time for another camp, clinic, and/or season).

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

IN CONSIDERATION OF my child/ward being allowed to participate in any way in Team Nikos Long Beach related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child/ward from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and,
2. I warrant that my child/ward is in good health, has no condition or defect which would interfere with his/her participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Team Nikos Long Beach; Team Nikos; their directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

IMAGE RELEASE

I grant to Team Nikos Long Beach, its representatives and employees the right to take photographs and/or video of me, my child, and my property in connection with the above identified subject. I authorize Team Nikos Long Beach, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that Long Beach Team Nikos may use such photographs without my name for any lawful purpose, including such purposes as publicity, illustration, advertising and Web content.

BRAIN INJURY / CONCUSSION RISK MANAGEMENT PLAN

If your child/ward sustains a blow to his/her head or any other injury during the activity, whether during a Team Nikos Long Beach event or outside of Team Nikos Long Beach, you must report it to the coach. If your child seeks medical attention for any injury, including a concussion, you must get a medical clearance form from an MD or DO stating that your child/ward has been cleared for full activity and you must present this to your child's/ward's coach prior to return to participation.

CHILD ABUSE / MOLESTATION RISK MANAGEMENT PLAN

Here is a link: https://www.sadlersports.com/safesport-minor-training-ages4-12/ to Team Nikos Long Beach Child Abuse Risk Management Plan which is required by the federal Safe Sport Act and includes our policies and educational training:

Below are the links to our Child Abuse Minor Training plan which Team Nikos Long Beach is required to provide by the federal Safe Sport Act. I will review and explain this information to my minor child as I deem appropriate.
https://www.sadlersports.com/safesport-minor-training-ages4-12/
https://www.sadlersports.com/safesport-minor-training-ages13-17/

By registering and selecting the I agree button below, you have agreed to the following:

1. I have read, understand, and agree with the refund policy as stated above.
2. I have read, understand, and agree with the waiver/release agreement above which applies to injuries and communicable diseases such as COVID-19. I have also explained this waiver/release to my child ward including the risks of participation and he/she understands this risk and his/her respective responsibilities for adhering to the rules and regulations and accepts them as a participant.
3. I have read, understand, and agree with the image/video release agreement.
4. I have read, understand, and agree to adhere to the Team Nikos Long Beach Brain Injury / Concussion Risk Management Plan and my requirements for notification, to seek medical treatment, and to obtain written medical clearance before my child/ward can return to activity.
5. I have read, understand, and agree to adhere to the Team Nikos Child Abuse Risk Management Plan including the minor training recommendation.

Signature: _____ Date: _____