

**Calhoun County Alabama  
Sports Complex/Woodland Park  
COACH'S Waiver Form**

Team Name: \_\_\_\_\_ Division: \_\_\_\_\_  
Coach Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Coach Agreement of Compliance**

By my signature below, I hereby acknowledge, agree and understand that the players on my team and listed on the attached will be practicing and/or playing at Calhoun County Sports Complex/Woodland Park. I agree to abide by all policies and best practice measures set up by Calhoun County Commission to include all requirements contained in the attached amended Order of the State Health Officer Suspending Certain Public Gatherings Due to the Risk of Infection by COVID-19. I hereby agree and understand that the Calhoun County Commission is not responsible for any health issues that may arise as a result from practices/games held at Calhoun County Sports Complex/Woodland Park. I understand that as the Coach, I am responsible for compliance with the requirements of the attached order. Additionally, I will ensure that the parents and/or guardians of each player understand the information contained in this Waiver. By signing this form, I hereby affirm that I have read and shall adhere to the Guidelines for Adult and Youth Athletic Activities available at [www.alabamapublichealth.gov/covid19/assets/cov-sah-athletic-activities.pdf](http://www.alabamapublichealth.gov/covid19/assets/cov-sah-athletic-activities.pdf).

I acknowledge that I have read and that I understand each and every one of the above provisions in the agreement, and waiver statement and I agree to abide and that my players will abide by said provisions.

Date: \_\_\_\_\_

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Coach's Printed Name