

**Assumption of the Risk and 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 to spread mainly from person-to-person contact. Camarillo Girls Softball Association cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19. Please complete a separate waiver for each child for each sport of participation.

Player First and Last Name: _____ Parent First and Last Name: _____

Parent Email: _____ Parent Phone Number: _____

Waiver is for: Spring Season - Teeball 6U 8U 10U 12U 15U

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS 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 participation; 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 CGSA Youth Sport activities and events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camarillo Girls Softball Association Board Members, volunteers, coaches, program participants and their families.

____ INITIALS 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 expense), of any kind, that I may experience or incur in connection with my participation with CGSA Youth Sports. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless CGSA Youth Sports, its board members, volunteers, coaches, 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 CGSA Youth Sports, its board members, volunteers, coaches, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at CGSA Youth Sports.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have read and understood this document and I agree to be bound by its terms.

____ INITIALS I have signed a separate general waiver of liability connected to my participation with CGSA Youth Sports during the initial registration process and I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Signature: _____ Date: _____