

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 Coronavirus Disease 2019 (COVID-19) has been declared a worldwide pandemic by the World Health Organization. COVID19 seems to spread easily and is believed to spread in similar ways to influenza which may include: spreading through the air by coughing and sneezing; close personal contact, such as touching or shaking hands; and touching an object or surface with the virus on it, then touching your mouth, nose, or eyes. Spread is more likely when people are in close contact with one another (within about 6 feet). As a result, federal, PA & local governments in addition to Federal and PA health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Spring-Ford Youth Athletic League Baseball & Softball ("SFYAL") has put in place preventative measures to reduce the spread of COVID-19; however, SFYAL cannot guarantee that you and/or your child will not become infected with COVID-19. Further, attending SFYAL could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending SFYAL 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 SFYAL may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SFYAL players, volunteers, vendors, and SFYAL members and/or participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability and death, illness, damage loss, claim, liability or expense, of any kind, that I or my child(ren) may experience or incur in connection with attendance at SFYAL or participation in SFYAL programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant, not to sue, discharge and hold harmless SFYAL, its employees, agents, officers, 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 SFYAL, its employees, agents, officers, and representatives, whether a COVID-19 infection occurs before, during or after participation in any SFYAL program or use of the SFYAL facilities. Signing this agreement also guarantees that the undersigned and all spectators associated with the registered child(ren) understand and agree to follow all SFYAL Covid 19 precautions and protocols.

Signature of SFYAL Parent/Guardian Date

Print Name of SFYAL Parent/Guardian Date

List Name(s) & date of birth of SFYAL player(s)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____