

**COVID-19 PLAYER INFORMED CONSENT WAIVER**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have in many locations prohibited the congregation of groups of people.

Kaweah Softball dba Sequoia Softball \_\_\_\_\_ has put in place preventative measures to reduce the spread of COVID-19; however, the League cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending events held by the League **could increase** your risk and your child(ren)'s risk of contracting COVID-19.

**In consideration of you and your child(ren)'s participation in the foregoing, the undersigned acknowledge and agree to the following:**

- I am aware of the existence of the risk I take with my participation in activities with the League that may cause injury or illness such as, but not limited to COVID-19 that may lead to paralysis or death.
- I will not, nor any member(s) of my household, will visit or use League facilities if he/she experiences symptoms of fever, fatigue, difficulty breathing, or exhibiting any other symptoms related to COVID-19 or any other communicable disease.
- If I, or any member of my household comes in contact with, or becomes infected with COVID-19, will not attend any activity with the League for the recommended fourteen (14) days.
- I am fully and personally responsible for my and my child(ren)'s own safety and actions while and during our participation and I recognize that we may be, in any case, at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the League, its board, officers, independent contractors, affiliates, employees, representatives, successors and assigns from any and all liabilities, claims, demands, actions, and cause of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me or my child(ren) related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless the League from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss or death from or related to COVID-19.

By signing this agreement I acknowledge that I have read the foregoing Player Informed Consent Waiver and understand its contents; that I am the legal parent/guardian of the child listed on this form and fully competent to give consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it at my own free act and deed; that I give my voluntary consent in signing this Player Informed Consent Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation. Failure to follow these guidelines may result in removal from future League activities.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Printed Name of Participant(s)/Player(s))

**THIS IS AN ACKNOWLEDGMENT THAT YOU RECEIVED, READ AND UNDERSTAND THE CONCUSSION INFORMATION SHEET PROVIDED BY THE LEAGUE, AND THAT MORE INFORMATION CAN BE FOUND AT**

**To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)**

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

*Revised January 2019*

**Both parent and player must sign above.**

**Thank you,**

**Sequoia Softball**