

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, State of Idaho, Blaine County, other counties, local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Wood River Baseball & Softball Association, Inc. (“WRBSA”) has put in place preventative measures to reduce the spread of COVID-19; however, WRBSA **cannot guarantee** that your or your child(ren) will not become infected with COVID-19. Further, attending WRBSA practices/games (“events”) 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 WRBSA events 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 WRBSA events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, WRBSA volunteers and program participants and their families.

I voluntarily agree to assume all 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 my child(ren)’s attendance at WRBSA events or participation in WRBSA activities (“Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless WRBSA, its coaches, volunteers, parents, 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 WRBSA, its coaches, volunteers, parents, agents and representatives, whether a COVID-19 infection occurs before, during or after participation in any WRBSA activity.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Child/Participant

Name of Additional Child(ren)/Participants (if applicable)