**Crossroads Tiger Youth Athletics**

**COVID-19 Waiver**

I am aware of the COVID-19 Pandemic and related governmental orders, directives and guidelines (collectively “directives”), including directives for frequent hand washing, social distancing, and use of face masks in public locations. I am aware that these activities are occurring in a public location during the COVID-19 pandemic and are therefore hazardous activities. I am aware that I could be infected, seriously injured, or even die due to COVID-19. The participant is voluntarily participating in these activities with knowledge of the danger involved and agree to assume any and all risks of bodily injury, death, or property damage, whether those risks are known or unknown.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_