

WAIVER AND RELEASE OF LIABILITY  
**READ BEFORE SIGNING**

In consideration of being allowed to enter the premises operated by the Western Regional Youth Association (also known as Rockville Youth Sports) located at 17347 Pouncey Tract Road, Rockville, VA 23146 to participate in the Rockville Renegades Baseball athletic sports program, related events and activities, or for any other reasons, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I/WE KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my/our participation; and,
3. I/WE willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I/WE observe any unusual significant hazard during my/our presence or participation, I/WE will remove myself/ourselves from participation and bring such to the attention of the nearest official immediately; and,
4. I/WE acknowledge that I/we am/are aware that there are risks to me/us of exposure to directly or indirectly arising out of, contributed to, by, or resulting from: An outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID- 19) and/or any mutation or variation thereof;
5. In consideration of having the opportunity to participate as either a spectator, a team member or competitor at location, or for any other reason, and in acknowledging that I/we am/are aware of and willing to assume the risks associated with this activity, I/we hereby voluntarily agree to waive, hold harmless and indemnify Rockville Renegades Baseball, the Amateur Athletic Union (AAU), and their trustees, board members, agents, volunteers and employees (the "Releasees") from any and all claims, demands, damages and causes of action of any nature whatsoever on account of, or by reason of my/our participation in the above activities and/or presence at Rockville Renegades Baseball activities. I/we indicate my/our agreement to this hold harmless elective noted below.

**I/WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**ALL ADULT PARTICIPANTS MUST SIGN BELOW. IF THEY WILL HAVE MINOR CHILDREN WITH THEM FOR ANY REASON, THEY MUST COMPLETE THE MINOR CERTIFICATION BELOW.**

Participant/Visitor Name: \_\_\_\_\_  
Participant/Visitor Signature: \_\_\_\_\_  
DATE SIGNED: \_\_\_\_\_

Participant/Visitor Name: \_\_\_\_\_  
Participant/Visitor Signature: \_\_\_\_\_  
DATE SIGNED: \_\_\_\_\_

**FOR PARTICIPANTS/VISITORS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant/visitor, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. If I have multiple children/wards participating in activities with Rockville Renegades Baseball, this certification shall apply to all of them.

Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
DATE SIGNED: \_\_\_\_\_  
Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_