

## MPYAA COVID19 Return to Play Waiver

### RETURN TO PLAY WAIVER

In consideration of being allowed to participate in any way in Mt Pleasant Youth (MPYAA) athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;

2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;

3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume all full responsibility for my participation.

4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS MPYAA BASEBALL/SOFTBALL, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**6. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE ACKNOWLEDGING THE CHECKBOX BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**ACKNOWLEDGEMENT BY ADULT PARTICIPANT INCLUDING BOTH COACHES AND SPECTATORS:** By acknowledging and agreeing to the checkbox below, I agree and verify the following: 1) I consent and agree to assume the risks of participation in these programs; and 2) that I specifically agree to the release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my involvement or participation in these programs EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**ACKNOWLEDGMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS:** By acknowledging and agreeing to the check box below, I agree to and verify the following: 1) I am the parent or legal guardian for the youth participant associated with this guardian account, 2) that the date of birth of the youth participant associated with this guardian account is correct, 3) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree his/her participation in these programs; and 4) that I specifically agree to his/her release as provided

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herein of all the Releasees

participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

TEAM NAME: \_\_\_\_\_ AGE DIVISION: \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ **ADULT COACH OR SPECTATOR** I AGREE and ACKNOWLEDGE the above referenced Waiver

\_\_\_\_\_ **GUARDIAN OF CHILD SPECTATOR (18yrs or younger)** I AGREE and ACKNOWLEDGE the above referenced Waiver

\_\_\_\_\_ **GUARDIAN OF CHILD PARTICIPANT** I AGREE and ACKNOWLEDGE the above referenced Waiver

\_\_\_\_\_ **PARTICIPANT (if 18yrs old or above)** I AGREE and ACKNOWLEDGE the above referenced Waiver

**PRINTED NAME OR NAMES OF CHILD PARTICIPANT or CHILD SPECTATOR:** \_\_\_\_\_

\_\_\_\_\_  
**PRINTED NAME OF ADULT PARTICIPANT (18 OR OLDER):** \_\_\_\_\_

**PRINTED NAME OR NAMES OF ADULT COACH OR ADULT SPECTATOR:**

\_\_\_\_\_  
**MINOR RELEASE: PARTICIPANT AND SPECTATOR MINOR RELEASE.**

**PRINTED NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

(Street) (City) (State) (Zip)

**PHONE: DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):**

\_\_\_\_\_  
**ADULT RELEASE: COACH OR SPECTATOR RELEASE.**

**PRINTED NAME OF ADULT COACH OR SPECTATOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

(Street) (City) (State) (Zip)

**PHONE: DATE:** \_\_\_\_\_

**ADULT COACH OR SPECTATOR**

**SIGNATURE:** \_\_\_\_\_