



Non-Profit Tax-Exempt Organization Ages 4 -18 YO
 P.O. Box 2078
 Stafford, VA 22555
 Baseball (540) 657-1634
www.staffordbaseball.org
www.staffordwarriors.com

**SUMMER 2020 COVID-19 WAIVER
 WAIVER / RELEASE FOR COMMUNICABLE DISEASES (ADULTS- 18U AND UP)
 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate in and/or on behalf of the Stafford Baseball League (SBL) and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1- Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

2- 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 full responsibility for my participation; and,

3- I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or 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,

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

Name of Participant (parent/guardian or 18 yr. old player) _____

Date of Birth:* _____

Name of Participant (second adult who may be attending games): _____

Date of Birth (second parent/guardian: _____

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

Release and Waiver Signature: _____