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

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you, your guests, and your child(ren) may be exposed to or infected by COVID-19 by attending or participating in baseball related activities with. Lewis County Cal Ripken, (Adna Youth Baseball, Boistfort Youth Baseball, MWP Youth Baseball, Mossyrock Youth Baseball, Napavine Youth Baseball, Onalaska Youth Baseball, Pe Ell Youth Baseball, Toledo Youth Baseball, and Winlock Youth Baseball)You understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of yourself, your child and/or others, including, but not limited to Lewis County Cal Ripken, and it's volunteers, agents and representatives.

Further, you also voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury or illness to your child(ren), your guests, and yourself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that you, your child(ren) and your guests may experience or incur in connection with their attendance or participation in baseball related activities with Lewis County Cal Ripken.

I HEREBY AGREE AND ATTEST THAT on my behalf, and on behalf of my children and guests, I hereby release, discharge, hold harmless and covenant not to sue, Lewis County,(Adna Youth Baseball, Boistfort Youth Baseball, MWP Youth Baseball, Mossyrock Youth Baseball, Napavine Youth Baseball, Onalaska Youth Baseball, Pe Ell Youth Baseball, Toledo Youth Baseball, and Winlock Youth Baseball.) its volunteers, agents and representatives from any claims, actions, damages, costs or expenses arising out of or relating to those based on the actions, omissions, or negligence of Adna Youth Baseball or Lewis County Baseball, its volunteers, agents and representatives.

I FURTHER AGREE AND ATTEST THAT on my behalf and on behalf of my children and guests, that we will not participate in, visit or utilize the facilities of Lewis County Cal Ripken if I or my player and/or immediate household member is experiencing any of the symptoms of COVID-19 or has known exposure to or a suspected or diagnosed case of COVID-19.

_____ _____

Player's Name (printed) Parent/Guardian Name (printed)

_____ _____

Parent/Guardians Signature Date