

# Waiver/Release for Communicable Diseases, Including COVID-19, for Parent/Guardian Volunteer Participant in Abington Area Girls Softball League

## Assumption of Risk/Waiver of Liability

I, \_\_\_\_\_, wishing to volunteer my time and services for Abington Area Girls Softball League ("AAGSL"), I hereby acknowledge that said organization is doing everything it can to protect the public as well as myself as a volunteer. I fully understand that participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and discipline may reduce the risk, the risk of serious illness and death does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE AAGSL, or others, and assume full responsibility for my participation.

To this extent, I agree to follow AAGSL, CDC, PA DOH, and local health district, among others, guidelines, regulations and policies to reduce the spread of communicable diseases, including but not limited to, MRSA, influenza and COVID-19.

During any AAGSL activity, program or event, I shall maintain six (6) feet of distance, at a minimum, between myself, fellow volunteers, children, including players, and patrons of AAGSL, as much as practicable.

During any AAGSL activity, program or event, I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using restrooms, sneezing, coughing and blowing my nose.

I understand that I may be informed or encounter sensitive personal health information for those that AAGSL serves. I agree to hold this information in confidence and will not disseminate any such information except as allowed per AAGSL policy or procedure or as allowed by law.

I understand that AAGSL does not afford me any direct medical health coverage during my volunteering with AAGSL. AAGSL is not responsible for any exposure by me to any communicable disease, such as MRSA, influenza and COVID-19, among others, and I HEREBY RELEASE AND HOLD HARMLESS AAGSL, its directors, officers, agents, employees, volunteers, participants and owners or lessors of any premises utilized by AAGSL, including HILLSIDE PARK and the ABINGTON AREA JOINT RECREATION BOARD, for negligence or otherwise, to the fullest extent permitted by law.

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 IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Name of Volunteer \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_