



I _____ (parent/guardian) grant permission for _____ to participate in the organized baseball activities sponsored by Squirrel Hill Baseball Association (SHBA).

Use of the baseball facilities sponsored by SHBA may expose a participant to the COVID-19 Virus.

Your decision to participate is made knowingly and voluntarily with the appreciation of the risk. By signing this form and participating in the baseball program, you will be waiving all claims and releasing SHBA from any liability with respect to exposure to the COVID-19 Virus.

You agree to follow all Squirrel Hill Baseball Association rules and regulations relating to my participation in activities sponsored or otherwise supported by Squirrel Hill Baseball Association, as such rules and regulations may be amended from time to time by Squirrel Hill Baseball Association.

Signature: _____

Date: _____