

Plain Local Lady Eagles Softball Association

COVID-19 COACH’S RELEASE AND WAIVER

I hereby represent that I, _____, date(s) of birth _____ am a coach in the **Plain Local Leady Eagles Softball Association** (the “**Association**”) and request that I am permitted to participate in any and all related activities despite the current risk of COVID-19 exposure. I am in agreement with all of the terms of this Release and Waiver and have authority to enter into this Release and Waiver on behalf of myself.

I am aware of and acknowledge the existence of the spread of the virus, COVID-19, also known as the coronavirus. I am aware of the symptoms of COVID-19 and the risks and dangers it poses to myself, my child(ren), my family, and my community. I am aware that carriers of COVID-19 might not initially exhibit known symptoms. I am aware that allowing individuals participate in the play of the Sport may increase the risk of contracting COVID-19. **I HEREBY KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF MYSELF, MY CHILD(REN), AND FAMILY MEMBERS CONTRACTING COVID-19 AND THE RESULTING ILLNESS ON BEHALF OF MYSELF, MY CHILD(REN), AND MY FAMILY MEMBERS WHILE I AM PARTICIPATING AS A COACH IN THE ASSOCIATION. IN ADDITION, I HEREBY ACKNOWLEDGE THAT THE PLAIN LOCAL LADY EAGLES SOFTBALL ASSOCIATION, ITS EMPLOYEES, CONTRACTORS, AND/OR REPRESENTATIVES PRESENT ON THIS DATE DO NOT EXHIBIT VISIBLE OR OBSERVABLE KNOWN SYMPTOMS OF COVID-19.**

Understanding the inherent risks and dangers of coaching in the Association during the COVID-19 pandemic, I represent and acknowledge the following:

- That to the best of my knowledge, neither I nor my child(ren), family members, have exhibited any known symptoms COVID-19 or have been in contact or close-proximity with someone diagnosed with COVID-19 or exhibiting known symptoms.
- That I or my child(ren), family members, have exhibited known symptoms of the COVID-19 or have been in contact or close-proximity with someone diagnosed with COVID-19 or exhibiting known symptoms.
Symptoms were first observed on _____, _____ 2020 and/or date of contact or close-proximity was on _____, _____ 2020.

In consideration of services provided, **I HEREBY AGREE ON BEHALF OF MYSELF, MY CHILD(REN) AND FAMILY MEMBERS TO RELEASE AND FOREVER DISCHARGE THE PLAIN LOCAL LADY EAGLES SOFTBALL ASSOCIATION**, its principals, members, shareholders, employees and agents from any and all liability for injuries or death or damage arising or resulting from or in any way connected with COVID-19 and the services provided by the Association. The terms of this Release and Waiver apply to myself, my child(ren) and our heir(s), executor(s), administrator(s), assign(s), successor(s), personal representative(s), distribute(s), agent(s), spouse (if applicable), legatees, other parents and/or legal guardians of the child(ren), for all of our family members. I agree to indemnify and hold the Association harmless from any and all liability arising out of, whether directly or indirectly, my participation in the Sport and COVID-19, including, but not limited to, attorneys' fees, whether paid by the Association or a carrier on its behalf, costs, and any liability which may arise out of injury, death or damage connected with COVID-19 and the play of the Sport and/or services provided by the Association.

I have read and understand all the information presented to me in this document and understand the terms. Lastly, I acknowledge that I have been advised of the safety precautions relating to the spread of COVID-19 and agree to accept and abide these safety precautions.

(PRINT) Name of Parent

Cell Phone

Business Phone

Address of Parent and Child(ren)

City/State/Zip

Parent Signature

Date