

Player and Guardian Information

Player Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian 1 Name _____ Telephone _____

Parent/Guardian 2 Name _____ Telephone _____

Parental Authorization / Medical Release for Participation in Gurnee Youth Baseball

I (we), the Parent(s) or Guardian(s) of (Child), hereby give approval for participation in any and all Gurnee Youth Baseball league activities.

I hereby grant permission to managing personnel or other league representatives to authorize and obtain emergency medical care from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in league activities when neither parent nor legal guardian is available to grant authorization for emergency treatment.

I assume all risks and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify, and agree to hold harmless Gurnee Youth Baseball, the organizers, sponsors, supervisors, board members, participants, and persons transporting the player to and from activities for any claim arising out of any injury to the player.

I agree to furnish a photocopy of the birth certificate ~~and proof of school district residency (school schedule, school ID, bus pass, etc.)~~ for the player listed above.

I further agree to return any equipment as required by Gurnee Youth Baseball in good condition except for normal wear and tear in league activities or be subject to a \$100.00 replacement fee.

I understand that any unpaid fees or failure to provide required documentation including birth certificates will prevent my child from participation in league activities including but not limited to practices and games.

Signature of Parent or Guardian _____ Date _____

Print Name _____ Telephone _____

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

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Gurnee Youth Baseball has put in place preventative measures to reduce the spread of COVID-19; however, **Gurnee Youth Baseball cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at Gurnee Youth Baseball activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Gurnee Youth Baseball's employees, volunteers, and program participants and their families.

____ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Gurnee Youth Baseball activities.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Gurnee Youth Baseball, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Gurnee Youth Baseball, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Gurnee Youth Baseball activities.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where Gurnee Youth Baseball is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

____ INITIALS **I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

____ INITIALS If I have signed a separate general waiver of liability connected to my participation with Gurnee Youth Baseball, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS **I agree that I will practice safe social distancing and clean hygiene during my participation with Gurnee Youth Baseball.**

Signature _____ Date _____

Print Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Signature of Parent or Guardian _____ Date _____

Print Name _____ Telephone _____