

Cedarburg Mercs Waiver and Consent Form

Name of Player: _____

Name of Responsible Party completing the form: _____

As with the transmission of any communicable disease like a cold or the flu, you or your Player may be exposed to COVID-19, also known as "Coronavirus," at any time or in any place. There is a chance that you or your Player could be exposed to an illness at a Cedarburg Mercs event, just as you might be exposed at your gym, grocery store or restaurant. Although there will be measures taken to provide social distancing, due to the nature of baseball, it is not possible to maintain social distancing at all times.

If you or your player have been exposed to a communicable disease, you may spread the disease to coaches, Players, or parents. Do you agree that you or your Player will not attend any Cedarburg Mercs event if you or other recent acquaintances have tested positive for or have been diagnosed as having COVID-19 or any other communicable disease?

Yes _____ No _____

Do you agree that you or your Player will not attend any Cedarburg Mercs event if you or your Player has a fever (defined as above 99.6 degrees); a cough; shortness of breath and/or trouble breathing; and/or persistent pain, pressure or tightness of the chest?

Yes _____ No _____

Do you and your Player understand that participation in Cedarburg Mercs is completely voluntary and accept the risk and consent to participation in Cedarburg Mercs?

Yes _____ No _____

By signing this form, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in Cedarburg Mercs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in Cedarburg Mercs. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Cedarburg Mercs, its volunteers, employees, agents, and representatives, of and from 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 Cedarburg Mercs, its volunteers, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Cedarburg Mercs event.

Signature of Parent/Guardian: _____ Date: _____