



Covid Informed Consent and Waiver

READ BEFORE SIGNING

I/WE, _____ (PARENT NAME(s)) understand that MY/OUR child is voluntarily participating in the Cheshire Youth Baseball & Softball program. I/WE have read the information provided concerning Covid-19 protocols and sign below that I/WE understand the risks associated with participating in team sports during the present Covid-19 pandemic, are informed of the protocols and agree to follow these protocols.

1. I/WE acknowledge that there are risks posed by Covid-19 that are not able to be completely preventable despite the implementation and enforcement of safety protocols. I/WE understand that the protocols are designed to reduce those risks and agree to adhere to those protocols.
2. I/WE acknowledge that there is the possibility that MY/OUR child may come in contact with someone who tests positive for covid and may be required to quarantine in accordance with health regulations and Chesprocott Health District mandates.
3. I/WE acknowledge that I/WE may also be subject to quarantine for close contact as a result of these risks.
4. I/WE understand that if our child is sick, if a member of the household is sick, if a member of the household is awaiting test results or if a member of the household tests positive, I/WE will not allow MY/OUR child to participate in any CYB/CYS sporting activities until the time it is safe to return according to the Chesprocott Health District protocols. If MY/OUR child exhibits Covid-19 symptoms, we acknowledge the recommendation to call their medical provider and inquire about testing as there are cardiovascular and other health risks associated with return to play for athletes after Covid-19 infection.
5. I/WE understand the importance of notifying the coach as soon as possible whenever MY/OUR child exhibits symptoms of Covid-19, if a member of the household is sick, if a member of the household is awaiting test results or if a member of the household tests positive.

I/WE HAVE READ THIS COVID INFORMED CONSENT AND WAIVER AND ASSUME ALL RISKS, INHERENT OR OTHERWISE, WHETHER OR NOT LISTED ABOVE OR OTHERWISE CONTAINED IN THE COVID-19 MATERIALS PROVIDED AND WAIVE THE RIGHT TO PURSUE IN ANY MANNER ANY AND ALL LAWSUITS RELATED TO COVID-19 AGAINST THE CYB/CYS, ITS COACHES AND REPRESENTATIVES.

Print Name of Participant: _____

Print Name of Parent(s)/ Guardian(s): _____

Parent(s)/ Guardian(s) Signature: _____

Date Signed: _____