

COVID-19 Waiver of Liability and Indemnity Agreement

COVID-19 is extremely contagious and is believed to be spread mainly from person-to-person contact. The Statesville Recreation and Parks Department Baseball/Softball Program has put in place preventative measures to reduce the spread of COVID-19, however cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Statesville Recreation and Parks Department Baseball/Softball Program could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, 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 attending the Statesville Recreation and Parks Department Baseball/Softball Program 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 the Statesville Recreation and Parks Department Baseball/Softball Program may result from actions, omissions, or negligence of myself or others, including, but not limited to Statesville Recreation and Parks Department employees, program participants, and their families.

I understand and voluntarily accept and assume all the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur to myself or my child(ren), including but not limited to 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 attendance or participation in the Statesville Recreation and Parks Department Baseball/Softball Program. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Statesville Recreation and Parks Department Baseball/Softball Program, 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.

Further, I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Statesville Recreation and Parks Department Baseball/Softball Program, its employees, agents, representatives, whether a COVID-19 infection occurs before, during, or after participation in Statesville Recreation and Parks Department Baseball/Softball Program.

Failure to adhere to the guidelines will result in the termination of league play with any funds paid being forfeited. Cancellation and forfeiture of funds will apply to all teams, whether they are the "offending" team or not.

Printed Name of Parent/Guardian _____
Signature of Parent/Guardian _____ Date _____
Name(s) of Children _____



PO Box 1111/ 1875 Simonton Rd.
 Statesville, NC 28687
 Phone- 704-878-3429 Fax- 704-871-0008
 Email - srpd@statesvillenc.net



2020 Youth Baseball Program

Age Group: 5-6: _____ 7-8: _____ 9-10: _____ 11-12: _____
T-Ball Machine Pitch Kid Pitch Kid Pitch

Name _____

Date of Birth: ___ / ___ / ___ Age: _____ Male/Female (Circle One)

Shirt Size (5-6 & 7-8 Only): YXS YS YM YL AS (Circle One)

Address _____
Street or PO Box City, State, Zip

Do you live inside the City Limits of Statesville? **Yes** No (Circle One)

Telephone Number/s: _____

Email Address _____

School _____ Grade _____

Parent or Guardian Name _____

Person to call if Parents **cannot** be reached in case of emergency:

Name _____ Contact Number _____

Registration Fee: \$20 – City Residents \$30 – Non Resident Fee

Additional Fees may be required by Athletic Associations for uniforms and equipment

Registration Due Date: Monday, September 28, 2020

I hereby give the above named player my permission to participate and be involved in the City of Statesville's Department of Recreation and Parks Baseball Program. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision, and the instructor/coach, as being satisfactory for the above named person. I have been given the opportunity to inspect the premises and equipment and have talked with the instructor/ coach, or waive the right to do so. I understand that immediately prior to any activity involved in the Baseball Program, I have the right to inspect the facilities or equipment and will notify the instructor/ coach, supervisor, or the City of Statesville of any objection to the supervision, instruction/ coaching, facilities, or equipment used in connection therewith. I hereby release the City of Statesville and its employees from any and all damages on behalf of the above named person and on my behalf, which would or could be based on the qualification of the instructor/ coach or the adequacy of the supervision, facilities, or equipment used in the Baseball Program.

 Signature of Parent or Legal Guardian

 Date