

Mission San Jose Little League

Resumption of Play/Waiver and Safety Protocol Acknowledgment

1. I will ensure that my player's body temperature is taken before each practice and each game. I will not allow my player to attend either practice or game in the event they have a body temperature of 100.4 Fahrenheit or greater.
2. I will not send my player to any practice or game if they are feeling sick or have tested positive for COVID-19 or showing presumptive symptoms of COVID-19. Presumptive symptoms include: fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea*
3. If my player is diagnosed with COVID-19, I will immediately notify my player's manager and my player will be quarantined for 14 days away from all Mission San Jose Little League activities. I will provide medical documentation prior to my player being able to resume baseball activities.
4. I will provide my player with their own baseball glove, batting helmet and bat. There will be no sharing of personal equipment. I will provide my player with their own personal bottle of hand sanitizer.
5. I will abide by Mission San Jose Little League's "Mission San Jose Little League Physical Distancing and Safety Plan" document, as well as the protocols set forth by the City of Fremont, Alameda county and the California Department of Public Health's [Guidance Related to Cohorts](#) for recreational sports which include, but are not limited to, social distancing while spectating at Mission San Jose Little League games.
6. I have read and signed the Mission San Jose Little league's WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 and I understand and agree to follow the protocols.

Player's name: _____

Parent/Guardian: _____ (Print Name)

_____ (Signature)

*Source: Center for Disease Control (CDC)

Mission San Jose Little league
WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Mission San Jose Little League and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Mission San Jose Little League, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____