 WAIVER AND RELEASE OF LIABILITY   
 PALO ALTO LITTLE LEAGUE

In consideration of my minor child(ren)/ward(s) (“Player(s)”) being allowed to participate in the programs offered by Palo Alto Little League, including its related events and activities (“Programs”), the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (e.g., communicable diseases such as MRSA, influenza, and COVID-19) to my Players(s), myself, and others members of my family (e.g., as volunteers or spectators) arising from the Programs are significant and potentially life-threatening, and while particular rules, equipment, and personal hygiene and discipline may reduce these risks, the risks of serious injury and illness still exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation and that of my minor child(ren)/ward(s); and,
3. My Player(s), other family members, and I willingly agree to comply with the stated and customary terms and conditions for participation, including those provided at [www.pabaseball.org/health-and-safety/](http://www.pabaseball.org/health-and-safety/), as well as with any applicable state or local health orders or directives, and as each of them may be revised and/or amended. The terms and conditions set forth at [www.pabaseball.org/health-and-safety/](http://www.pabaseball.org/health-and-safety/) and the state and local health orders and guidance, and as they may be revised and/or amended, are incorporated herein by reference. If, however, we observe any unusual significant hazard during our presence or participation, we will remove ourselves from participation and immediately bring such hazard to the attention of the nearest team manager, coach, or league official;
4. The Releasees are not required to, and may be unable to, monitor my, my Player(s)’, my spouse’s, my other family members’ and/or other participants’ compliance with the applicable state and local health orders and guidance, as they may be revised and/or amended; and,
5. I acknowledge that I am aware that the Programs present a risk of exposure, harm, or loss, directly or indirectly (whether to me, my spouse, my Player(s), or other family members), arising out of, contributed to, by, or resulting from:
   * Any and all communicable diseases, whether as part of an outbreak or as exposure to an individual case of disease, including but not limited to, the virus known as “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;

**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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

This is to certify that I, as parent/guardian with legal responsibility for my Player(s), have read and explained to my Player(s) the provisions in this waiver/release, including their responsibilities for adhering to the rules and regulations. Furthermore, my Player(s) understand and accepts these responsibilities. In consideration of my Player(s) having the opportunity to participate in the Programs, and in acknowledging that I am aware of and willing to assume the risks associated with these activities, I for myself, my spouse, my Player(s), and my other family members, hereby voluntarily agree to waive, hold harmless and indemnify Palo Alto Little League, its directors and officers, agents, volunteers, contractors, and employees (“Releasees”) from any and all claims, demands, damages and causes of action of any nature whatsoever which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my Player(s) involvement or participation in the Programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Player(s) Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_