

**Quartz Hill Little League (QHLL) 2021 Fall Ball COVID-19 Waiver**

I understand that the LA County Department of Public Health (LACDPH) has established a Protocol for Organized Youth Sports as Appendix S of the Health Office Order, which was revised on August 30, 2021 with an effective date of September 1, 2021.

I understand that this order sets certain standards for participants in certain organized youth sports to limit exposure to transmission of COVID-19, including testing of unvaccinated individuals 12 years of age and older.

I understand that this protocol may be revised by the LACDPH from time to time and QHLL will adapt to the new protocol when appropriate.

I understand that QHLL will review COVID-19 testing results for adult volunteers and players 12 years of age and older.

I understand that QHLL will review COVID-19 vaccination status for adult volunteers and players 12 years of age and older.

I understand that QHLL volunteers (including Board of Directors) are not medical professionals trained in confirming valid COVID-19 test results or vaccination records.

I understand that QHLL is not required to maintain proof of vaccination nor copies of test results.

I understand that QHLL will rely on volunteers' and players' families to self-screen for COVID-19 symptoms prior to attending youth sports activities.

I understand that my player may be required to quarantine and/or be isolated from team activities if they are experiencing symptoms of COVID-19.

I understand that my player may be required to quarantine and/or be isolated from team activities if they are determined to be a close contact as defined in the LACDPH Exposure Management Plan for Youth Sports.

I understand that if my player is quarantined and/or isolated from team activities, including games, that no refunds will be given as a result.

I understand the transmission risks of COVID-19 within youth sports and I agree to inherit these risks by registering my player as a participant in QHLL. I further agree not to hold QHLL liable if my player contracts COVID-19 at any and all activities my player attends.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Printed Name of Participant(s)/Player(s))