## COVID-19 VOLUNTEER INFORMED CONSENT WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact.

Following the guidelines set forth by the California Health Department and the Alameda County Public Health Department (ACPHD), Floresta Baseball League (the League) has put in place preventative measures to reduce the spread of COVID-19. However, the League cannot guarantee that you will not become infected with COVID-19. Further, attending events held by the League could increase your risk of contracting COVID-19.

In consideration of your participation in the foregoing, the undersigned acknowledges and agrees to the following:

- I am aware of the existence that I take with my participation in activities with the League that may cause injury or illness such as, but not limited to COVID-19 that may lead to paralysis or death.
- I agree to screen myself before arriving at any League game, practice, or event. I will screen for the following:
  - fever or chills
  - Cough
  - shortness of breath or difficulty breathing
  - muscle or body aches
  - Headache
  - sore throat
  - nausea or vomiting
  - Diarrhea
  - congestion or runny nose
  - loss of taste or smell
- I will not, nor any member(s) of my household, visit or use League facilities if said household member experiences any of the COVID-19 symptoms listed in the previous bullet.
- If I, or any member of my household comes in contact with, or becomes infected with COVID-19, will not attend any activity with the League for the recommended 10-14 days, as stated in California state guidelines..
- If I, or any member of my household comes in contact with, or becomes infected with COVID-19, I will inform James Maes President of Floresta Baseball at 510-394-4171 as soon as possible.

- I acknowledge that the League may have to contact the Alameda County Public Health Department (ACPHD) to provide information regarding the confirmed positive test, including my name and contact information. I consent to the League providing such information to ACPHD or any other administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the League and or ACPHD.
- With full knowledge of the risks involved, I hereby release, waive, discharge the League, its board, officers, independent contractors, affiliates, employees, representatives, successors, volunteers, and assigns from any and all liabilities, claims, demands, actions, and cause of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless the League, from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss or death from or related to COVID-19.

By accepting this agreement I acknowledge that I have read the foregoing Volunteer Informed Consent Waiver and understand its contents; That I am an adult of legal age; That I have been sufficiently informed of the risks involved and give my voluntary consent in accepting the Volunteer Informed Consent Waiver at my own free act and deed; that I give my voluntary consent in accepting this Volunteer Informed Consent Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation. Failure to follow these guidelines may result in removal from future League activities.