

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I might be exposed to or infected by COVID-19 by playing MSCSA Senior Softball and that such exposure or infection may result in personal injury, illness, permanent disability or death.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury or illness. I understand that the risk of becoming exposed or infected by COVID-19 from playing MSCSA Senior Softball may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other softball participants.

On my behalf, I hereby waive, release, covenant not to sue, discharge and hold harmless MSCSA, all officers, participants and all municipalities who provide fields for play.

Participant

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

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Name _____ Signature _____ Date _____