



# Little League. Baseball and Softball M E D I C A L R E L E A S E



**NOTE:** To be carried by any Regular Season or Tournament  
Team Manager together with team roster or International Tournament affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified  
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

## If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature Date: \_\_\_\_\_

## FOR LEAGUE USE ONLY:

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.  
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

COVID-19 has been declared a worldwide pandemic by the World Health Organization. Crescenta Valley Little League ("CVLL") has established preventative measures and policies to reduce the risk of spread of COVID-19. GLL cannot, however, guarantee that you, your child(ren), will not become exposed to and infected with COVID-19.

This Waiver and Release of Liability Relating to Coronavirus/COVID-19 ("Waiver and Release") is effective for the entire 2021 CVLL baseball season, and encompasses any and all GLL events and activities ("GLL activities").

I acknowledge that I have read each paragraph of the Waiver and Release.

I acknowledge that I had the opportunity, before signing the Waiver and Release, to ask questions about, discuss, and negotiate any of the terms set forth in the Waiver and Release.

I acknowledge and understand the contagious nature of COVID-19, and I voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in CVLL activities, and that such exposure or infection may result in personal injury, illness, disability, or death.

I acknowledge and understand that I am agreeing to the terms set forth in the Waiver and Release, as consideration for my child(ren) being permitted to participate in CVLL activities.

I acknowledge and understand that the risk of becoming exposed to or infected by COVID-19 while participating in CVLL activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CVLL employees, volunteers, and all of CVLL's program participants and their families. I acknowledge and understand that it is impossible to eliminate the risk that my child(ren), and my family, become exposed to and infected by COVID-19 when participating in CVLL activities.

I, for myself, my child(ren), my heirs, personal representatives or assigns, voluntarily agree to assume the risk that my child(ren), and my family, may be exposed to, and become infected by, COVID-19, when participating in CVLL activities, and I agree to accept responsibility for any injury that my child(ren), or my family, may experience in connection with CVLL activities, including, but not limited to, personal injury, disability, illness, and death. I voluntarily agree to release CVLL and its officers, directors, agents, volunteers, coaches, and insurers (the "Released Parties") from and against any and all liability, claims, demands, actions, damages, or causes of action of any kind arising from or related to my child(ren) or I being exposed to or infected by COVID-19 when participating in CVLL activities.

The Waiver and Release is limited to claims premised on the negligence of the Released Parties; the Waiver and Release does not apply to claims which are based on the intentional conduct, or reckless disregard, of the Released Parties.

In the event of any dispute arising under or related to the Waiver and Release, the laws of the State of California shall apply.

I UNDERSTAND THAT BY ACKNOWLEDGING THIS WAIVER AND RELEASE, I AM RELEASING CLAIMS WHICH I MAY OTHERWISE HAVE BEEN ABLE TO PURSUE, AND AM GIVING UP SUBSTANTIAL RIGHTS.

Player Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_



CITY OF GLENDALE  
COMMUNITY SERVICES & PARKS DEPARTMENT  
**COVID-19 (Coronavirus)**



**PARTICIPANT'S / PARENT'S / GUARDIAN'S:**

**RELEASE OF LIABILITY & INDEMNITY AGREEMENT**

COVID-19 is the infectious disease caused by a type of virus, known as a "coronavirus." The World Health Organization has declared COVID-19 disease a worldwide pandemic. The coronavirus that causes COVID-19 is extremely contagious and is believed to be spread from person-to-person contact and contaminated surfaces/objects. Its spread is more likely when people are in close contact with one another (within about 6 feet). As a result, federal, state, and local governments and health agencies have recommended staying away from crowded places, avoiding spending time in groups, practicing social (physical) distancing, and wearing a mask. Also, in many areas, health agencies have prohibited the congregation of groups of people.

While COVID-19 can cause mild symptoms in some individuals, in others it can lead to severe, potentially life-threatening illness, injury, permanent disability, or death. Adults over age 65 and people of any age with underlying medical problems— including, but not limited to, high blood pressure, heart or lung problems, diabetes, cancer, or a compromised immune system— are at higher risk of developing serious illness from COVID-19.

The Community Services & Parks Department ("Parks Department") of the City of Glendale ("City") has put in place preventative measures to reduce the spread of COVID-19. However, those measures will **not fully eliminate** the spread of COVID-19, because people reportedly can become infected from others who show no symptoms. Also, the City and its staff will not be able to control the actions of every program participant. For example, another participant who wants to talk to you or your child(ren) may be at a distance of less than 6 feet. Consequently, the City cannot guarantee that you and/or your child(ren) will not become exposed to or infected with COVID-19 while participating in Parks Department programming. Further, if you choose to attend one or more Parks Department programs, or if you choose to have your child(ren) attend one or more programs, you are increasing your risk, and your child(ren)'s risk, of getting COVID-19.

**I UNDERSTAND AND ACKNOWLEDGE THE HIGHLY CONTAGIOUS NATURE OF COVID-19. I REALIZE THAT IN USING THE CITY'S FACILITY AND BY MY PARTICIPATING, AND/OR BY MY CHILD(REN)'S PARTICIPATING, IN ONE OR MORE OF THE PROGRAMS, I AM EXPOSING MYSELF, MY CHILD(REN), FAMILY MEMBERS, AND OTHERS TO NOT ONLY THE RISKS OF BECOMING INFECTED WITH COVID-19 AND TRANSMITTING IT TO OTHER INDIVIDUALS, BUT ALSO THE RISKS OF SUSTAINING INJURY AND DAMAGE, INCLUDING SUFFERING MILD, MODERATE, OR SEVERE ILLNESS; PERMANENT DISABILITY; OR DEATH. PLEASE INITIAL: \_\_\_\_\_.**

**I AM FULLY AWARE THAT I AM, AND/OR MY CHILD(REN) ARE, VOLUNTARILY USING THE CITY'S FACILITY AND VOLUNTARILY PARTICIPATING IN ONE OR MORE OF THE PROGRAMS WITH MY KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED FOR COVID-19. I HEREBY AGREE TO ACCEPT— ON BEHALF OF MYSELF AND/OR MY CHILD(REN)— ANY AND ALL RISKS OF INJURY AND DAMAGE, INCLUDING ILLNESS, PERMANENT DISABILITY, OR DEATH. PLEASE INITIAL: \_\_\_\_\_.**

AS LAWFUL CONSIDERATION for the City's permitting me, and/or my child(ren), to use the City's facility and to participate in the program or programs, **I HEREBY AGREE** that I/we, my/our heirs, distributees, guardians, legal representatives, and assigns **WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE** the City, its officers, agents, employees, or volunteers for injury, damage, illness, permanent disability, or death arising out of the negligence, intentional, or other acts, howsoever caused, by the City or by any officer, agent, employee, or volunteer of the City, and/or by another program participant, as a result of my, and/or my child(ren)'s, using the City's facility and participating in the program or programs.

In addition, **I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND)** the City, its officers, agents, employees, or volunteers from and against **ALL ACTIONS, CLAIMS, OR DEMANDS** that I/we, my/our heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury, damage, illness, permanent disability, or death, arising out of my, and/or my child(ren)'s, using the City's facility and participating in the program or programs.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT TO INDEMNIFY BETWEEN MYSELF— AND/OR ON MY CHILD(REN)'S BEHALF— AND THE CITY, AND I SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT THIS AGREEMENT WILL REMAIN IN EFFECT AT ALL TIMES DURING THE YEAR 2020 WHILE I, AND/OR MY CHILD(REN), USE THE CITY'S FACILITY AND PARTICIPATE IN THE PROGRAM OR PROGRAMS.**

**Check All Boxes That Apply:**

- ☐ I am signing this form for myself. I am the Participant. Name (Printed): \_\_\_\_\_
- ☐ I am signing this form for my child(ren). I am the Parent or Guardian. Child(ren)'s Name(s) (Printed): \_\_\_\_\_

By my signature below, I certify that I am eighteen (18) years of age or older:

**Dated** \_\_\_\_\_

**Participant's / Parent's / Guardian's Signature** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_

**Business Telephone Number** \_\_\_\_\_