Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

The Syracuse Royals cannot prevent you or your child from becoming exposed to, contracting, or spreading COVID-19 while playing or practicing with the program or one of it's teams. It is not possible to prevent against the presence of the disease. Therefore, if you choose to play or practice with the Syracuse Royals you may be exposing yourself or your child to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to play or practice with the Syracuse Royals. These services are of such value to me and/or to my children, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize the Syracuse Royals services in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Syracuse Royals and its owners, coaches, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the Syracuse Royals services. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I understand and agree that the law of the State of New York will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____

Name (printed): _____

I, _____, understand that certain laws prohibit the disclosure my medical/health information. In the interest of the health of the Syracuse Royals program and all affiliated with it, along others with whom I may have had contact with at any and all practice and game locations, however, I authorize the Syracuse Royals to disclose to those I may have come in contact with and to others, whom I may have encountered at and and all practice and game locations, my daily/periodic symptom screenings, and/or that I have tested positive for the COVID-19 virus or that I have been exposed to the virus by being in close contact with someone who is believed to be infected with COVID-19. The Syracuse Royals advised me that I am not required to do so and that there would be no adverse consequences to my participation if I chose not to do so. Further, the Syracuse Royals did not seek to coerce or pressure me to permit the disclosure.

In disclosing this information, the Syracuse Royals will take reasonable measures to keep my name and identity private to the extent possible, though I recognize that circumstances may require identifying me as the infected or exposed individual in order to properly warn others so they may take precautionary measures and help prevent further spread of the virus, and that there are times when it is not possible to inform others they may have been exposed to the virus without them learning that it was through contact with me.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE INFORMATION CONTAINED IN THIS PARTICIPANT AUTHORIZATION TO DISCLOSE COVID-19 DIAGNOSIS AND THAT I AM VOLUNTARILY WAIVING SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO MAINTAIN THE PRIVACY AND CONFIDENTIALITY OF MY MEDICAL/HEALTH INFORMATION. I HAVE NOT BEEN COERCED OR INFLUENCED IN ANY WAY TO SIGN THIS AUTHORIZATION AND PERMIT DISCLOSURE OF MY MEDICAL/HEALTH INFORMATION.

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____

Name (printed): _____