

Dear Volunteer:

The State of California recently announced that effective February 26, 2021, moderate-contact and high-contact youth and adult recreational sports may resume, including competitions, if permitted by local health authorities and if in compliance with both Los Angeles County and State requirements for these sports.

Woodland Hills Sunrise Little League is taking reasonable measures to prevent the spread of COVID-19 infection, including tracking/tracing, and following applicable state and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Volunteers and their families must be aware of and acknowledge the risks before participating in athletics. By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to all the following:

- I understand that my participation in athletics is purely voluntary.

Volunteer Initial: _____

- I understand that my participation will require me to participate in athletic meetings, practices, and competitions at Woodland Hills Sunrise Little League.

Volunteer Initial: _____

- I will not attend meetings, practice and/or competitions if any of the following apply:
 - A. I or any member of my household is exhibiting one symptom(s) of COVID-19 that first appeared within the last 10 days: fever (at or over 100.4°F or 38°C) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. I will check my temperature at home prior to attending meetings, practices, and/or competitions; and I will not attend if my temperature is at or over 100.4°F or 38°C.
 - B. I or any member of my household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID-19 test.
 - C. I or any member of my household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
 - D. I or any member of my household is currently under isolation or quarantine orders.

Volunteer Initial: _____

- If I test positive for COVID-19 or am identified as being exposed to an individual that has tested positive for COVID-19, I agree to immediately inform the current President of Woodland Hills Sunrise Little League and acknowledge that Woodland Hills Sunrise Little League must contact the Los Angeles County Department of Public Health (LACDPH) to provide information regarding the confirmed positive test, including my name and contact information. I consent to Woodland Hills Sunrise Little League providing such information to LACDPH or any other administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by Woodland Hills Sunrise Little League and/or LACDPH.

Volunteer Initial: _____ (at least one parent/guardian)

- I am aware that I may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. I understand that this exposure carries a risk of infection, serious illness, or death for both my and my household members.

Volunteer Initial: _____ (at least one parent/guardian)

- I acknowledge Woodland Hills Sunrise Little League, the Governor, State Department of Health, LACDPH, or other administrative body with authority over Woodland Hills Sunrise Little League may determine to cancel a competition or the season at any time. I also acknowledge Woodland Hills Sunrise Little League must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this agreement.

Volunteer Initial: _____ (at least one parent/guardian)

- Volunteer is aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for physical distancing and the correct and consistent use of face masks. I agree to comply with the direction provided by Woodland Hills Sunrise Little League and acknowledge that the failure to do so may result me being refused participation at practice, competitions, and/or the entire sport season.

Volunteer Initial: _____ (at least one parent/guardian)

- Volunteer is voluntarily participating in athletics. Volunteer, agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

Volunteer Initial: _____ (at least one parent/guardian)

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM/WE ARE AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM/WE ARE SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE WOODLAND HILLS SUNRISE LITTLE LEAGUE, ITS EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES INCLUDING PROPERTY OWNER THE LOS ANGELES COMMUNITY COLLEGE DISTRICT AND PIERCE COLLEGE.

Volunteer Printed Name: _____

Volunteer Signature: _____

Date: _____