



ALASKA LITTLE LEAGUE
 AFFILIATE LEAGUES
 PLAYER and PARENT OR LEGAL GUARDIAN'S
 HEALTH STATUS AGREEMENT
 (Release of Liability and Assumption of Risk Agreement)



I, _____ the parent or legal guardian of _____
 (print your name) (print players name)

in consideration of being allowed to participate in any way in the District and Local Little League program, related events, and activities, I the undersigned, and acknowledge; there are risks to my child of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, and certify as follows:

1. I/We have been encouraged to conduct self-screening and quarantine before any participation in any District and Local Little League event. This includes taking our temperature prior to leaving our location and must stay home if the reading is 100.4-degree Fahrenheit or higher in accordance with CDC guidelines.
2. I/We have not been exhibiting the CDC recognized symptoms consistent with COVID-19 in the last 14-days. Like a cough, shortness of breath or difficulty breathing, fever, chills muscle pain, sore throat, or new loss of taste & smell. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.
3. I/We have not knowingly been in contact with a suspected or positive case of COVID-19 within the past 14 days,
4. I/We will not participate if within 72 hours of exhibiting significant COVID-19 symptoms or a fever,
5. I/We will not participate if recovering from a case of COVID-19, are less than 14 days from onset or less than 72 hours since the end of significant symptoms or fever,
6. I/We have not travel outside the United States within the last 14 days,
7. I/We have not traveled outside of the State of Alaska within the last 14 days,
8. I/We have not tested positive for COVID-19,
9. If I/We have tested positive for COVID-19, I/we have fully recovered and have been released to return to work/play as normal by my medical doctor.

RELEASE FROM LIABILITY:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, and on my behalf, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE District and Local Little League, its officers, officials, affiliates, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event programs and activities of the District and Local Little League, from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I agree to notify my Local Little League immediately if my child becomes ill for any reason and / or we have tested positive for COVID-19. I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms outlined, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Mr./Mrs./Ms. _____
 Authorized Parent / Guardian Signature Date