**Clifton Forge Little League Covid-19 Waiver/Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,   
(Parent Name)

Parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Player’s Name)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,   
 (Address)

as a parent or guardian of above minor, who is participating in Clifton Forge Little League (CFLL), do hereby release CFLL, its members and board members from all liabilities concerning Covid-19.

I fully understand the risks of being exposed to and/or contracting the virus and accept all responsibilities for myself and child while participating in this program.

I, as a parent or guardian, will follow all CDC guidelines as they related to the symptoms of Covid-19. Should I or my child(ren) show ***any*** of the symptoms, I will not allow my child(ren) to participate until released by a physician.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 (Parent Signature) (Date)

**Model Release**

I hereby give my permission to Clifton Forge Little League (CFLL), to use photographs and video taken of the above listed minor or myself during the games and events associated with CFLL in any manner to help promote the league activities. Such use could include publications, media releases, public announcements, electronic or otherwise, and on league websites or social media pages. I agree that neither I, nor the above listed minor, will receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of CFLL.   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent Signature) (Date)