



THE MIRACLE LEAGUE OF ARIZONA

ATTENTION VALUED PARTICIPANTS AND GUESTS

To help us protect the health and safety of our employees and other visitors to this facility, please join us in the best practices to minimize possible COVID-19 virus spread



SYMPTOM ASSESSMENT

USING A FACE COVERING

WASHING HANDS OFTEN

ARE YOU ABLE TO SAY YES TO ALL OF THESE QUESTIONS?

- I do not have any COVID-19 symptoms of respiratory illness, including a fever, cough, shortness of breath, chills, muscle pain, sore throat, body aches, headache, runny nose, diarrhea, or new loss of taste or smell
- I do not presently have a fever (identified as any temperature above 100.3)
- Nobody in my household recently has tested positive for COVID-19 or has symptoms of COVID-19. If someone in my household previously was infected with COVID-19, they have met the CDC guidelines for recovery.
- I am not aware of having close contact (less than six feet apart) within the last fourteen days with anybody with COVID-19 or COVID-19 symptoms.
- I understand the wearing of masks is required (exceptions can be made for children under 5yrs)
- By visiting the Miracle League of Arizona, I voluntarily assume all risks related to exposure to COVID-19.

By signing below, I hereby agree to practice all of the above listed best practices while on-site at this location, and confirm I am able to answer yes to all of the above listed questions.

Group/Family: _____

First & Last Name (Please Print): _____

Signature: _____ Date: _____

Guardian Signature (If Under 18years of age): _____

ACKNOWLEDGEMENT OF RISK, HOLD HARMLESS AND WAIVER LIABILITY

Name of Group/Renter: _____

As the individual, or parent or legal guardian of the individual named above, I understand and appreciate the risks associated with the sport of baseball and related activities. I am fully aware of the risk of injury involved in participating in the activities at the MLAZ Baseball Stadium, Playground and Batting Cages.

I understand that it is the intent of Miracle League of Arizona to provide for the safety and protection of each and every participant. In consideration for allowing (his/her) participation, I hereby release and hold harmless the Miracle League of Arizona, board members, staff and volunteers from all liability for any damages and injuries suffered by me or the above individual, while under the instruction, supervision, or control of the Miracle League of Arizona.

I hereby give my consent to the Miracle League of Arizona to provide emergency care and to give authority to any hospital, or doctor to render immediate aide as might be required at the time for health and safety.

As the individual, or legal parent or guardian of the individual named above, I understand and accept the conditions of this Hold Harmless/Waiver Liability and furthermore permit participation in the events provided by the Miracle League of Arizona

I HAVE READ AND FULLY UNDERSTAND ALL THE INFORMATION ABOVE

First & Last Name (Please Print): _____

Signature: _____ Date: _____

Guardian Signature (If Under 18years of age): _____