



COVID-19 Assumption of Risk Form

Children under 18 years of age

Parent/Guardian Contact Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Emergency Contact Information

Phone: _____ Name: _____

Consent with Respect to Minors

I am granting permission to participate in Team 360 Hawks baseball activity on behalf of my children under the age of 18 years, listed below. I have explained to them the nature of the activities available for Team 360 Hawks and of the inherent possible dangers of such activities given the COVID-19 pandemic. On behalf of my children, I agree that neither Team 360 Hawks nor HammerSmith Sports, nor the staff, officers, trustees, agents or instructors of either organization may be held liable in any way for any illness, death or other damage to them or their property arising out of or resulting from their participation in activities at or sponsored by Team 360 Hawks except to the extent that any such claim arises from an accident or injury caused by or resulting from the negligence or willful misconduct of the Team 360 Hawks, HammerSmith Sports or the staff, officers, trustees, agents or instructors of such organizations and I waive any such claim on their behalf.

Name(s) of Team 360 Hawks Baseball participants under the age of 18

Date Of Birth

_____	_____
_____	_____
_____	_____

This consent must be completed, signed, and dated by a parent or legal guardian.

Signature: _____ Check one: Parent Legal Guardian

Print name: _____ Date: _____