

Cleveland Muny Football League



COVID 19 ACKOWLEDGEMENT AND WAIVER OF LIABLITY PLAYER/PARENT

I, as parent/guardian of	and personally, acknowledge that
COVID-19 is a disease spread and transmitt	ed from person to person. I understand that such disease may
be spread without the knowledge of	(organization). I
understand that	(organization) will follow state and federal (CDC)
guidelines for sports leagues, contests, and e	events but such efforts may not prevent the potential spread of
COVID-19. Recognizing the possibility of s	spread of COVID-19, I understand and accept the risks
associated with COVID-19 to my child and	my own person as part of my bringing my child to
	(organization).
I, as parent/guardian of	,and personally, hereby
waive, release, discharge and/or otherwise in	ndemnify the
(organization), its employees, coaches, staff	and other members against any claims by or on behalf of my
minor child or myself for any spread or care	needed due to any COVID-19 infections arising from my
child's participation with the	(organization).
	Signed:
	Parent's Name Printed:
	Signed:
	Parent's Name Printed:
	Parent(s) of
	
	Date: