<u>CASCADE PREMIERE BASEBALL TOURNAMENTS</u> Spectator/Participation Waiver

In consideration for being permitted to participate in the <u>CASCADE PREMIERE TOURNAMENT</u> program at facilities owned or operated by the City of Post Falls, City of Hayden, Lakeland School District, City of Rathdrum, Coeur d'Alene School District, City of Caldwell, Nampa School District ,Nampa Christian School District and Cascade Premiere Events. I agree and acknowledge on behalf of myself and/or my child(ren):

- 1. I ACKNOWLEDGE, agree and represent for myself and my minor child(ren) that I understand the nature of the current COVID-19 pandemic, and have made myself familiar with the current guidelines regarding activities during the pandemic including, but not limited to, guidance from the United States Centers for Disease Control and Prevention, Southwest and Panhandle Health District and other federal, state and local governments. That I/my child(ren) am/are qualified, in good health, and in proper physical condition to participate in such activity with full knowledge of the risks and dangers associated with a group sporting activity that involves close physical contact with others that makes safe social distancing impossible.
- 2. I FULLY UNDERSTAND THAT such participation presents significant risks, some of which are unknown to me or not readily foreseeable at this time; I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES that I may incur as a result of my participation, or that of my minor child, in the Activity.
- I AGREE THAT prior to delivering my child(ren) to participate in <u>CASCADE PREMIERE</u> <u>TOURNAMENT</u> Programs I will evaluate my child(ren) and all household members for symptoms of COVID-19, and will not allow participation if either the child(ren), myself or any household member shows symptoms of this contagious and potentially fatal disease.
- 4. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AND ALL MEDICAL EXPENSES WHICH MAY BE INCURRED AS A RESULT OF ANY ACCIDENT, ILLNESS, EXPOSURE, QUARANTINE, ORDER OF SELF ISOLATION OR NEGLIGENCE WHILE PARTICIPATING/SPECTATING IN THE <u>CASCADE PREMIERE TOURNAMENT</u>.
- 5. I HEREBY WAIVE, RELEASE, DISCHARGE, AND COVENANT, FOR MYSELF AND MY MINOR CHILD(REN) NOT TO SUE THE CITY OF CALDWELL, NAMPA SCHOOL DISTRICT, CITY OF MERIDIAN, NAMPA CHRISITAN SCHOOLS and CASCADE PREMIERE EVENTS (STAFF) AND ITS AFFILIATES, elected officials, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the <u>CASCADE PREMIERE TOURNAMENT</u> Activity takes place. I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT I, or anyone on my behalf, or on the behalf of my minor child(ren), makes a claim against any of the Post Falls, I WILL

INDEMNIFY, SAVE, AND HOLD HARMLESS CITY OF CALDWELL, NAMPA CHRISITAN SCHOOLS and CASCADE PREMIERE EVENTS(STAFF). its elected officials, administrators, directors, agents, officers, members, volunteers, officers and employees from any litigation expenses, attorney fees, loss, liability, damage, City of Post Falls, City of Hayden, Lakeland School District, City of Rathdrum, Coeur d'Alene School District, City of Caldwell, Nampa School District ,Nampa Christian School District and Cascade Premiere Events which any or all of them may incur as the result of such claim.

6. SEVERABILITY: Should any portion of this waiver be declared invalid by a court of competent jurisdiction; the remaining provisions shall continue in full force and effect and shall be read to carry out the purpose(s) of the waiver before the declaration of partial invalidity.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP **SUBSTANTIAL RIGHTS** BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW.

Coach(s) Name Printed	Signature		
Printed Name	Printed Name	Printed Name	
Signed Name	Signed Name	Signed Name	
FAMILY NAME			
		Date:	
Family Member(s)			
Printed Name	Printed Name	Printed Name	
Printed Name	Printed Name	Printed Name	
Printed Name	Printed Name	Printed Name	
FAMILY NAME			
		Date:	
Family Member(s)			
Printed Name	Printed Name	Printed Name	
		Printed Name	
Printed Name	Printed Name	Printed Name	
		Date:	
Family Member(s)			
Printed Name	Printed Name	Printed Name	
Printed Name	Printed Name	Printed Name	
Printed Name	Printed Name	Printed Name	

FAMILY NAME		
Parent/Guardian Signature: _		Date:
Family Member(s)		
		Printed Name
Printed Name	Printed Name	Printed Name
Printed Name	Printed Name	Printed Name
FAMILY NAME		
Parent/Guardian Signature: _		Date:
Family Member(s)		
Printed Name	Printed Name	Printed Name
Printed Name	Printed Name	Printed Name
Printed Name	Printed Name	Printed Name
FAMILY NAME		
Parent/Guardian Signature: _		Date:
Family Member(s)		
		Printed Name
		Printed Name
Printed Name	Printed Name	Printed Name
FAMILY NAME		
Parent/Guardian Signature: _		Date:
Family Member(s)		
		Printed Name
		Printed Name
Printed Name	Printed Name	Printed Name
FAMILY NAME		
		Date:
Family Member(s)		
Printed Name		
		Printed Name
Printed Name	Printed Name	Printed Name
Parent/Guardian Signature: _		Date:
Family Member(s)		
		Printed Name
		Printed Name
Printed Name	Printed Name	Printed Name
FAMILY NAME		
Parent/Guardian Signature: _		Date:

Family Member(s)		
Printed Name	Printed Name	Printed Name
Printed Name		
		Printed Name
FAMILY NAME		
		Date:
Family Member(s)		
Printed Name	Printed Name	Printed Name
Printed Name	Printed Name	Printed Name
		Printed Name
FAMILY NAME		
		Date:
Family Member(s)		
Printed Name	Printed Name	Printed Name
		Printed Name
		Printed Name
FAMILY NAME		
		Date:
Family Member(s)		
Printed Name	Printed Name	Printed Name
		Printed Name
		Printed Name
FAMILY NAME		
		Date:
Family Member(s)		
Printed Name	Printed Name	Printed Name
Printed Name	Printed Name	Printed Name
Printed Name	Printed Name	Printed Name
FAMILY NAME		
Parent/Guardian Signature: _		Date:
Family Member(s)		
Printed Name	Printed Name	Printed Name
		Printed Name
Printed Name	Printed Name	Printed Name
FAMILY NAME		
Parent/Guardian Signature: _		Date:
Family Member(s)		
Printed Name	Printed Name	Printed Name
Printed Name		
Printed Name		

FAMILY NAME			
Parent/Guardian Signature	::	Date:	
Family Member(s)			
Printed Name	Printed Name	Printed Name _	
Printed Name	Printed Name	Printed Name	
Printed Name	Printed Name	Printed Name	
	_		
OTHER ADULT SPECTATORS		5.	
Signature:		Date:	
Signature:		Date	
		Date:	
Signature:		Date:	
Signature:		Date:	
Signature:		Date:	
e .		- .	
Signature:		Date:	
Signature:		Date:	
		Date	
Signature:		Date:	
Signature:		Date:	
Signature:		Date:	
e .		- .	
Signature:		Date:	
Signatura		Date:	
Signature:		Date	
Signature:		Date:	
Signature:		Date:	
Signature:		Date:	
Signature:		Date:	
Clanatura		Deter	
Signature:		Date:	
Signature:		Date:	
0			

Signature:	Date:	
Signature:	Date:	