

Waiver

In partial consideration for allowing myself and/or my spouse or my children to participate in a City of Peosta Parks and Recreation Program, I certify and agree as follows:

1. My spouse and I or my children are covered by health insurance in such amount as will reimburse a health provider for care as a result of injury while participating in the program.
2. I/We hereby agree to waive, release, and hold harmless the City of Peosta, Peosta Community Centre, Western Dubuque Community School District, their agents, employees, and volunteers from any and all liability arising out of my/our participating in the activity described above, including injury while playing or observing the activity, including any injury while on the premises immediately before or after the activity.
3. I/We have investigated and are satisfied that the participant registered on this form is physically able to perform the activity, or can participate with reasonable accommodation and that the facility is suitable for the activity. I/We realize it is my/our responsibility to make travel arrangements for the child to and from the facility and to provide such supervision as I/We deem appropriate both before and after the activity.
4. I/We acknowledge that in all activities there are certain risks of physical injuries and all participants do so at their own risk.
5. I/We release any photographs or videos taken during class to be used by the City of Peosta Parks and Recreation department and the Peosta Community Centre for advertisements, training, or other purposes.
6. I/We recognize that participants shall bear full responsibility for any loss or theft of personal items while participating in this program.

Individual or Parent Guardian Signature

Date

In the event that the child resides in a single parent home, or in the home of a guardian, the custodial parent or legal guardian must sign waiver.

Player's Code of Conduct

As a player, I understand that I must follow the rules to stay in good standing.

1. Respect the game, play fairly and follow its rules and regulations.
2. Show respect for authority to the umpires of the game and of the league.
3. Demonstrate good sportsmanship before, during, and after games.
4. Be courteous to opposing teams and treat all players and coaches with respect.
5. Be modest when successful and be gracious in defeat.
6. Respect the privilege of the use of public facilities.

Parent's Signature

Date Signed

Parent's Code of Conduct

Parent's Pledge- *I recognize that parents are the most important role models for their children and that amateur athletics help to develop a sense of teamwork, self-worth and sportsmanship. I encourage my child to play by the rules and respect the rights of others. I understand it is important to enforce rules of play and set conduct standards as necessary components in athletics and life. I will at all times encourage my child to play by the rules, respect the game umpires decisions and not criticize a game umpires ruling during or after an athletic contest.*

Code of Conduct: As a parent, I agree to abide by the following:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and umpires at games, and practices.
2. Place the well-being of my child before a personal desire to win.
3. Encourage my child to play by the rules and respect the rights of other players, coaches, fans, and umpires.

Parent's Signature

Date Signed

Failure to comply with the above standards may result in disciplinary actions by the Peosta Community Centre.

Informed Consent Agreement for Participation in Peosta Prairie League

Dear Parents, Guardians, and Players,

The Peosta Community Centre is taking reasonable measures to prevent the spread of infection, including tracking and following applicable state and federal guidance, as well as guidance from the state of Iowa. However, the possibility of transmission cannot be eliminated. Players and families must be aware of and acknowledge the risks before participating in the Peosta Community Centre Prairie League.

By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to the following (Parent/Guardian Must Initial and Sign):

Please list any pre-existing medical conditions that might require extra precautions (if none list none): _____

____ Participation in the Peosta Prairie League is purely voluntary.

____ My player has permission to participate in baseball/softball league practices and competitions under the direction of my players' coaches.

____ My player's temperature will be checked before each practice and competition.

____ Neither myself nor my child will attend baseball/softball practice and/or competitions if any of the following apply:

- a. Any member of our household is exhibiting symptoms of illness, such as cough, fever, or shortness of breath.
- b. Any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
- c. Any member of our household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

____ I agree to immediately inform my player's coach(es) and the Peosta Prairie Leagues community representative if any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

____ I am aware that myself and my child may be exposed to COVID-19 while participating or attending meetings, practices and/or competitions. I understand that this exposure carries a risk of infection, serious injury, or death.

____ My child is voluntarily participating in the Peosta Prairie League and I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

____ I forever release the representatives for the Peosta Prairie League, its coaches and umpires from any liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse, and legal representatives have, or may have in the future, related to participation in athletics.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN NON-SCHOOL SPORTING EVENTS DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY.

Signature of Parent/Guardian

Date