

# UNION COUNTY BASEBALL ASSOCIATION

P.O. Box 176, Fanwood, NJ, 07023 908-917-2523 www.ucba-nj.org

## TEAM LIABILITY WAIVER

I recognize and hereby expressly assume the risks of illness and injury inherent in any exercise program, and I am participating in this league upon the express agreement and understanding that I am hereby waiving and releasing the *Union County Baseball Association* and any of their affiliated corporations and/or associations, including coordinators and all volunteers, as well as umpires, and the Union County Division of Parks and Recreation, and all their representatives, from any and all claims, damages, losses or liabilities including but not limited to illness, injury or death which may accrue to me, my heirs, my guardians, administrators, executors or assignees, including attorney's fees and court costs, arising out of, or in any way related to, my training for or participation in the *Union County Baseball Association Fall League*. I, hereby, give the right and permission to *Union County Baseball Association* to use my recorded voice and photographic images through any medium. I waive any right to inspect or approve the finished copy, images, or printed matter that may be created in conjunction with the eventual use by the *Union County Baseball Association*. In addition, I take full responsibility for any members or spectators of my team to comply with NJDOH and Union County guidelines regarding Social Distancing, Wearing Masks and Hand Sanitizers. I will provide Masks and Hand Sanitizer for members of my own team and coaches. I release all coordinators of the league including all sponsors, vendors, volunteers, participants, State of NJDOH, and Union County of any liability regarding COVID-19 infection. Furthermore, I take responsibility that if members of my team do not adhere to rules of the league two or more times, we will forfeit any and all remaining games and be removed from the league. The undersigned, hereby serves as representation for all members of the team and their spectators listed below during the *Union County Baseball Association Fall League* on any given date play occurs. By signing this form, all members of your team agree to the waiver listed above.

---

**DATE**

---

**SIGNATURE OF MANAGER**

---

**PRINT NAME**

---

**TEAM NAME**

***IT IS THE RESPONSIBILITY OF THE TEAM MANAGER TO ENSURE THAT EVERY PLAYER ON HIS TEAM RECEIVES OR IS NOTIFIED OF A COPY OF THIS WAIVER.***