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COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS NJ YOUTH SOCCER AND THE BERKELEY SOCCER ASSOCIATION, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name		Age	Date	
x				
Participant's Signature				
FOR PARENTS/GUARDIANS OF P REGISTRATION)	ARTICIPANT	OF MINOR AGE (UN	IDER AGE 18 A	T TIME OF
This is to certify that I, as parent/guard to his/her release as provided above okin, I release and agree to indemnify at my minor child's involvement or par FROM THE NEGLIGENCE OF THE R	of all the Relea and hold harml rticipation in the	usees, and, for myself, less the Releasees from lese programs as provides	my heirs, assigns, n any and all liabil ded above, EVEN	and next of lity incidents
X Parent/Guardian Signature	Date	— Emergency Pho	ne Number(s)	