

WISCONSIN YOUTH SOCCER ASSOCIATION COMMUNICABLE DISEASE RELEASE OF LIABILITY & 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 THE WISCONSIN YOUTH SOCCER ASSOCIATION AND AFFILIATED CLUB, 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.

Date:

01/04/2021

Date:

Particinant Signature:

Parent/Guardian Signature:

r articipant digitature.	Date
FOR PARENTS/GUARDIANS OF PARTICIPANT OF	MINOR AGE (UNDER AGE 18 AT TIME OF
REGISTRATION)	
This is to certify that I, as parent/guardian with legal respoi to his/her release as provided above of all the Releasees kin, I release and agree to indemnify and hold harmless t to my minor child's involvement or participation in these p FROM THE NEGLIGENCE OF THE RELEASEES, to the	s, and, for myself, my heirs, assigns, and next of the Releasees from any and all liability incidents programs as provided above, EVEN IF ARISING
Luke Haugen	
Participant Name(s):	Date:
0 9/0/2	Please sign

