

EXETER-WEST GREENWICH YOUTH SOCCER ASSOCIATION COMMUNICABLE DISEASE RELEASE OF LIABILITY, WAIVER, AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities of the Exeter-West Greenwich Youth Soccer Association ("EWGYSA") on or after August 15, 2020, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me, notwithstanding any actions or efforts of the EWGYSA, 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 (SARSCoV-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 EWGYSA, 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 further expressly waive any such claims I may have in the future against the Releasees, and I agree that I assume any and all risks related to my participation in EWGYSA events or activities pursuant to this Agreement.

I further state that I have read the EWGYSA COVID-19 Plan ("Plan," available at https://ewgsoccer.org/covid-19-info) and I am aware that EWGYSA may revise the Plan without written notice to me. I agree, on behalf of myself and my child, to abide by the terms of the Plan, including any future revisions to same.

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
XParticipant's Signature (if over the age of 18)	_	
FOR PARENTS/GUARDIANS OF PARTICIPANT OF This is to certify that I, as parent/guardian with lega agree to his/her release as provided above of all the next of kin, I release and agree to indemnify and hol incidents to my minor child's involvement or particip IF ARISING FROM THE NEGLIGENCE OF THE R	l responsi Releasee d harmles pation in t	ibility for this participant, do consent and s, and, for myself, my heirs, assigns, and st the Releasees from any and all liability these programs as provided above, EVEN
X		

Date

Emergency Phone Number(s)

Parent/Guardian Signature