

## West Orange United F.C. 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 West Orange United F.C., 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 OREGISTRATION)	F PARTICIPANT	OF MINOR AGE (UI	NDER AGE 18 AT TIME OF
This is to certify that I, as paren agree to his/her release as provionext of kin, I release and agree t incidents to my minor child's invo ARISING FROM THE NEGLIGEN	ded above of all the to indemnify and he Ivement or particip	e Releasees, and, for old harmless the Releation in these program	myself, my heirs, assigns, and asees from any and all liability s as provided above, EVEN IF
Parent/Guardian Name (Please	e Print)		
X			
Parent/Guardian Signature	Date	Emergency Pho	one Number(s)