

# Altus Youth Soccer Club

## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

All CDC guidelines and distancing protocols have been implemented for the safety of all players, and coaching staff. In consideration of being allowed to participate in our soccer programs and related events, the undersigned acknowledges, appreciates, and agrees to the following. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.
2. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Altus Youth Soccer Club their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I agree to complete and comply with the daily health checklist and will refrain from any games or practices if any item is not passed. Furthermore I agree to refrain from attending any game or practice until cleared by a licensed medical provider.
5. I understand that while the risk is reduced the possibility of contracting an infectious disease still exists and may prevent completion of the season. I also understand that a refund in part or full may not be available.

**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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**Name of participant:** \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

**Name of parent/guardian:** \_\_\_\_\_

**Parent guardian/signature:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

## **Altus Youth Soccer Club Daily Health Checklist**

Dear Soccer Families,

In an effort to minimize illness this season we ask that you check on the health of your player daily beginning 10 days prior to their first practice. The best soccer sessions start with healthy players and this begins at home. Please complete this checklist every day to help mitigate the risk transmitting infectious diseases.

Please monitor and if your player has any of the following symptoms refrain from attending any games or practices. We recommend that you record a temperature daily starting 10 days prior to the first practice. If any temperature or symptoms are present, please have your player evaluated/cleared by a licensed provider prior to returning to practice or games.

### Daily Checklist

- 1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the last 14 days.**

#### **Symptoms :**

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

- 2. No one in our household has been sick in the last 14 days.**
- 3. My child has not traveled by air or traveled out of state in the 14 days.**
- 4. My child has adhered to our state's guidelines regarding COVID19.**
- 5. My child does not have a temperature in excess of 100.4.**
- 6. My child is not taking Tylenol or ibuprofen to control a fever.**

The Altus Youth Soccer Club appreciates your cooperation and compliance with the required risk mitigation. It is only with your support that we may continue to have a season.