



COMMUNICABLE DISEASE/COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Participant's Name _____ Birthdate _____

Street Address _____ City _____

Zip _____

Parent/Guardian's Name _____ Emergency Phone (____) _____

Parent/Guardian's Name _____ Emergency Phone (____) _____

In consideration of being allowed to participate in any way in Capital Soccer Inc. programs, related events, and activities, I the undersigned, on behalf of myself and my participating children or guardians, 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.

Participation in Capital Soccer Inc. programs, events, and activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. While following Federal and State guidelines, Vermont Soccer Association "Return to Play" Guidelines, and Capital Soccer Inc COVID-19 Protocol may reduce the risk, **THE RISK OF SERIOUS ILLNESS AND DEATH DOES EXIST. CAPITAL SOCCER INC CANNOT, AND DOES NOT GUARANTEE, WARRANT, OR REPRESENT THAT PARTICIPANTS WILL NOT CONTRACT A COMMUNICABLE DISEASE, INCLUDING BUT NOT LIMITED TO COVID-19, AS A RESULT OF PARTICIPATION IN ITS PROGRAMS, EVENTS, OR ACTIVITIES.**

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE Capital Soccer Inc, Vermont Soccer Association**, its officers, coaches, directors, 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, liability, rights, or causes of action of whatsoever kind arising out of, or in any way connected to or related to any **ILLNESS, INJURY, DISABILITY, DAMAGES OR DEATH** I may suffer or sustain as a result of my participation in Capital Soccer Inc. programs, events or activities, **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, ACKNOWLEDGE THAT IT CONSTITUTES A BINDING AGREEMENT AND PROMISE, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

Participant's Signature

Age

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 responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____

Parent/Guardian Signature

Date

Emergency Phone Number(s)