



WINDHAM SOCCER ASSOCIATION



WAIVER / RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Name of Participant: _____

D.O.B.: ____ / ____ / _____ Recreation, Travel, or Training/Skill Program: _____

I understand that in order for me or my child/ward to participate in any Windham Soccer Association (WSA) program, we must be able to respond affirmatively to each of the following items for the duration of the program for which I/we have registered, up to and including a full season of play. My initials below confirm my understanding of each requirement:

____ * I or my child/ward are not experiencing any of the following symptoms of illness

- | | | |
|---------------|-------------------------|--------------------------|
| - cough | - shortness of breath | - difficulty breathing |
| - muscle pain | - headache | - sore throat |
| - fatigue | - congestion/runny nose | - loss of taste or smell |

____ * I or my child/ward are not exhibiting a fever (100.4°F or higher), chills, or repeated shaking with chills.

____ * I or my child/ward have not traveled internationally or to any highly impacted area within the United States of America in the last 14 days.

____ * I or my child/ward have not been knowingly exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

____ * I or my child/ward have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

____ * I or my child/ward are following all CDC recommended guidelines as much as possible and limiting my/our exposure to the Coronavirus/COVID-19.

I agree that (please initial):

____ I and my child/ward agree that at **any** time, if our answers to any of the above questions **change** we will notify our coach and a representative of WSA immediately and will abstain from participation in further WSA activities until advised by and agreed upon with WSA based upon State of NH, NHSA/NHSL, and CDC guidelines.

____ I and my child/ward agree to abide by the guidelines set forth by the State of New Hampshire, the New Hampshire Soccer Association/New Hampshire Soccer League (NHSA/NHSL), the CDC and the Windham Soccer Association.

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in and/or on behalf of Windham Soccer Association (WSA) athletic programs (all recreation, travel and South Central Soccer Club) and any related events and activities (to include all clinics, camps, training sessions, practices, and games), the undersigned acknowledges, appreciates, and agrees that:



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1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. 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; and,
3. 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 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; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Windham Soccer Association, 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 COMMUNICABLE DISEASES INCLUDING COVID-19, WHETHER ARISING FROM THE NEGLIGENCE OF 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 signature: _____

Date signed: ____/____/____

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: ____/____/____