SCITUATE 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 Scituate Youth Soccer Association (SYSA) on or after 15 March 2021, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me, notwithstanding any actions or efforts of the SYSA, 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 SYSA, its board members, 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, but not limited 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 SYSA events or activities pursuant to this Agreement.

I further state that I have read the SYSA COVID Control Plan ("Plan," available at http://www.scituatesoccer.net), and I am aware that SYSA may revise the Plan without written notice to me. I agree, on behalf of myself and/or 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, FULLYUNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BYSIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ _____ _____

Participant's Name *Age* *Date*

_____

Participant's Signature (if over the age of 18)

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR (UNDER 18 AT TIME OF SIGNATURE)

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.

_____ _____ _____

Parent/Guardian Signature Printed Name *Parent/Guidance Signature* *Date*

Emergency Contact Information

Name:_____ Relationship:_____ Phone #:_____

Name:_____ Relationship:_____ Phone #:_____