

**Waiver/Release for Communicable Diseases, Including  
COVID-19, for Parent/Guardian and Minor Participant  
in Abington Youth Soccer Activities**

**Assumption of Risk/Waiver of Liability/ Indemnification Agreement**

In consideration of being allowed to participate in an Abington Youth Soccer (“AYS”) activity, program or event, the undersigned parent/guardian acknowledges, appreciates and agrees that:

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 discipline may reduce the 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 any rules, regulations, guidelines, protocols, best practices and customary terms and conditions of participation, including but not limited to, those promulgated by AYS, EPYSA, CDC and PA DOH, regarding protection against infectious diseases. If, however, I observe any unusual or significant hazard during my child’s preparation for participation, during my child’s participation in an AYS activity, program or event, or something I observe in an AYS activity, program or event, I will remove myself, family member and/or child from participation and immediately bring such hazard to the attention of AYS, in particular the AYS attending coach and to AYS Safety Officer, Bill James, contact information available at [www.abingtonyouthsoccer.org](http://www.abingtonyouthsoccer.org).
4. I, for myself and on behalf of my heirs, assigns personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS AYS their officers, officials, agents, and/or employees, other participants, sponsors, and if applicable, owners and lessors of the premises used to conduct the AYS activity (“Releasees”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OR 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 INDUCEMENT.**

Name of Child \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

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

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

Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_