



**WISCONSIN YOUTH SOCCER ASSOCIATION
COMMUNICABLE DISEASE
RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT**

In consideration of being allowed to participate in any way in the program, related events, and activities, I the undersigned, 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.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE WISCONSIN YOUTH SOCCER ASSOCIATION AND AFFILIATED CLUB**, its 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 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 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: _____

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.

Participant Name(s): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Fort Atkinson Youth Soccer Association (FAYSA) Return To Play Protocols Acknowledgment, Release of Liability, Covenant Not to Sue, Indemnification, and Assumption of Risk Agreement

THIS DOCUMENT CONTAINS A RELEASE OF CERTAIN LEGAL RIGHTS. READ IT CAREFULLY.

It is important to understand that there is an unavoidable, inherent risk of contracting or transmitting communicable diseases, including but not limited to, the COVID-19 virus when participating in soccer practices, games and related activities. If you sign this form, you are acknowledging that risk and waiving any potential liability against FAYSA. Accordingly, please read this form carefully before signing.

The COVID-19 virus is believed to have a long incubation period of up to two weeks during which time carriers of the virus may not show symptoms yet may still be contagious. As a result, it is impossible for FAYSA to guarantee that a COVID-19 virus carrier is not present during FAYSA soccer activities.

There is a risk of COVID-19 transmission when participating in soccer activities and there is no way to prevent this risk. All participants, volunteers and coaches are participating at their own risk. By signing this form, you acknowledge that you understand the risk of COVID-19 transmission inherent in participating in soccer and, nevertheless, desire to participate or have the child you are a parent or legal guardian of participate in FAYSA activities. Further, you waive any claims against FAYSA that may arise if you or your child contract COVID-19 when participating in FAYSA soccer activities.

You further confirm that you will follow the Return To Play Protocols for Medical Clearance, and will not participate or have your player participate if you or your player is showing any of the following potential COVID-19 symptoms or exposures:

- COVID exposure in past 14 days
- Sore throat
- Shortness of breath/difficulty breathing
- Fever >100.4 F
- Chills
- Headache
- Cough -- persistent and or productive
- Joint aches and soreness
- Malaise (a general feeling of discomfort or illness)
- Sinus congestion
- Rash
- Loss of Sense of Taste or Smell

In consideration of being allowed to participate in FAYSA soccer activities, I, _____ [PRINT FULL NAME], for myself and as parent/guardian of the minor age participant (the "Releasors") identified below, my heirs, executors, administrators, successors, and assigns, hereby:

- AGREE TO RELEASE AND NOT TO SUE FAYSA and any of its parents, subsidiaries, affiliates, and related entities and their respective past and present officers, directors, members, agents, volunteers, coaches, participants, sponsors, advertisers, contractors, insurers, and employees (the "Releasees") in any claim, cause of action, or demand arising from illness or personal injuries (including death) sustained by Releasors in the course of participation in FAYSA soccer activities if such illness and/or injuries are determined by a court of competent jurisdiction to be the result of negligence on the part of the Releasees. _____ (Initial Here)
- AGREE TO INDEMNIFY the Releasees for any claims, damages, or causes of action relating to or arising out of Releasors' participation in FAYSA soccer activities. _____ (Initial Here)
- AGREE TO EXPRESSLY ASSUME ALL RISK OF ILLNESS AND INJURY (including, without limitation, permanent injury and death) relating to or arising out of my participation in FAYSA soccer activities. I understand and acknowledge that Releasors' participation in FAYSA soccer activities involves risk of illness, serious injury, including permanent disability and death. _____ (Initial Here)
- AGREE TO FOLLOW THE FAYSA RETURN TO PLAY PROTOCOLS. _____ (Initial Here)

I have read the foregoing RELEASE OF LIABILITY, COVENANT NOT TO SUE, INDEMNIFICATION, AND ASSUMPTION OF RISK AGREEMENT, and hereby AGREE TO BE BOUND BY IT. By checking this box, I acknowledge and agree that I am giving up significant legal rights by signing it, that I am doing so freely and voluntarily, and that no other oral representations, statements or inducements have been made by FAYSA with respect to the subject matter discussed above.

Date

Email Address

Telephone Number

Print Name

Signature

Adult Role (check all that apply): *Parent/Guardian* *Coach* *Volunteer* *Official*

Minor Player/Participant's Name: _____



By signing below, I, the undersigned, expressly agree and understand that my child: _____ is entering the School District of Fort Atkinson (District) at his/her own risk to engage in the following activities: soccer practice and games through Fort Atkinson Youth Soccer Association.. I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). Further, I acknowledge that COVID-19 cases have been confirmed in Jefferson County, Wisconsin and surrounding counties. In accordance with guidance issued by the WHO, the United States Centers for Disease Control and Prevention (CDC), and the Wisconsin Department of Health Services (WDHS), for slowing the transmission of COVID-19, I hereby agree, represent, and warrant that my child shall not enter District property and engage in the foregoing activities within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. I agree that I am aware of the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) and agree to check this list prior to signing this waiver. I hereby agree, represent, and warrant my child will not enter District property and participate in the foregoing activities if he/she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19.

The School District of Fort Atkinson has taken reasonable steps to implement recommended guidance and protocols issued by Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the restrictions set forth above. I understand the inherent dangers for exposure to COVID-19 and other injuries while engaged in the foregoing activities on District property, which could result in quarantine requirements, serious illness, disability, and/or death and hereby assumes full responsibility for, and risk of, illness, bodily injury, or death. Having read and understood the above warning, I recognize the importance of reviewing and following the guidance issued by the WHO, CDC, and WDHS, as well as the District's policies and procedures related to same. By signing this agreement, I agree to be responsible for my child's personal safety and hygiene while engaged in the foregoing activities on District property and abide by District rules and procedures related to social distancing and use of personal protective equipment (PPE), including, but not limited to face masks or shields.

Having read the above warning and having understood the dangers and potential risks involved with participating in the foregoing activities, I give my consent as the parent/legal guardian of my child, to participate in the foregoing recreational activities. I further agree to hold the School District of Fort Atkinson, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the my child's engagement in the aforementioned activities on District property. Further, I agree to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of my child's activities on District's property.

I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Name (Printed)

Parent/Guardian Name (Printed)



By signing below, I expressly agree and understand that I am entering the School District of Fort Atkinson (District) at my own risk to engage in the following activities: soccer practice and games through Fort Atkinson Youth Soccer Association. I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). Further, I acknowledge that COVID-19 cases have been confirmed in Jefferson County, Wisconsin and surrounding counties. In accordance with guidance issued by the WHO, the United States Centers for Disease Control and Prevention (CDC), and the Wisconsin Department of Health Services (WDHS), for slowing the transmission of COVID-19, I hereby agree, represent, and warrant that I shall not enter District facilities and engage in the foregoing activities within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. I agree that they are aware of the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) and agree to check this list prior to signing this waiver. I hereby agree, represent, and warrant to not enter District property if I (i) experience symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, or (ii) have a suspected or diagnosed/confirmed case of COVID-19.

The School District of Fort Atkinson has taken reasonable steps to implement recommended guidance and protocols issued by Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the restrictions set forth above. I understand the inherent dangers for exposure to COVID-19 and other injuries while engaged in the foregoing activities on District property, which could result in quarantine requirements, serious illness, disability, and/or death and hereby assumes full responsibility for, and risk of, illness, bodily injury, or death. Having read and understood the above warning, I recognize the importance of reviewing and following the guidance issued by the WHO, CDC, and WDHS, as well as the District's policies and procedures related to same. By signing this agreement, I agree to be responsible for personal safety and hygiene while engaged in the foregoing activities on District property and abide by District rules and procedures related to social distancing and use of personal protective equipment (PPE), including, but not limited to face masks or shields.

I further agree to hold the School District of Fort Atkinson, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the my engagement in the aforementioned activities on District property. Further, I agree to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of my activities on District property.

I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.

Signature

Date

(Printed)