## NEVADA YOUTH SOCCER ASSOCIATION - COVID-19 DISEASE RELEASE OF LIABILITY AND 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 acknowledge that I am willingly assuming the risk of exposure for myself, my child, or my team 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 understand that, at any time, the guidelines related to the spread of COVID-19 may change at any level of jurisdiction and I agree to review and follow these guidelines of the state I am in for Return to Play to prevent the spread of COVID-19. I will also continue to follow any mandated basic precautions to reduce the spread. As a member of NYSA I agree to follow any additional precautions that may be in place by the NYSA office in accordance with the CDC, State and local jurisdictions after traveling out of state. I understand that these precautions are for the greater good and are an attempt to prevent the spread of the disease from one state into another as well as preventing mass infection in the soccer community. Insurance will only be valid during travel with the current 2021/2022 NYSA player card.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Nevada Youth Soccer Association, 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's Full Name	Date of Birth	Participant's Team Name
X		
Participant's Signature	Date	
This is to certify that I, as parent/guardian wit	h legal responsibility for this participar myself, my heirs, assigns, and next o ility incidents to my minor child's invol	
Parent/Guardian Full Name	Emerger	ncy Phone Number(s)
X	· · · · · · · · · · · · · · · · · · ·	<del></del>
Parent/Guardian Signature	Date	