



# RAISE YOUR LEVEL SOCCER ACADEY LLC.

## COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in Raise Your Level Soccer Academy LLC activities, related events, programs, ETC. 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 acknowledge my responsibility not to play or practice if I am exhibiting symptoms of COVID-19. If, however, I observe any symptoms during my participation or presence at a game or practice, I will remove myself from participation, and bring such to the attention of my coach or team official immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RAISE YOUR LEVEL SOCCER ACADEMY LLC., its Director of soccer operations, officials, agents and/or employees, other participants, sponsors, advertisers, facilities, 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.

**Players Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Players Printed:** \_\_\_\_\_ **Phone#** \_\_\_\_\_  
**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Parents Printed:** \_\_\_\_\_ **Phone#** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Phone#** \_\_\_\_\_