



La Verne Lazers Soccer Club

Return to Play Guidelines

COVID-19 Waiver/Release

I understand that the La Verne Lazers Soccer Club (the "Club") is subject to City of La Verne, Cal South, Coast Soccer League, County of Los Angeles, State of California, and Federal public health guidelines with respect to COVID-19 (the "Agencies"). I am being offered the opportunity to participate in the Club's COVID-19 Return-To-Play training program and activities (the "Program"). I acknowledge that my participation is voluntary. I knowingly and willingly consent to participating in the Program, and I agree to follow all protocols and recommendations to prevent the spread of COVID-19. I represent that I have the maturity, understanding, and skill to safely engage in the Program and all other Club activities and to observe all protocols for such participation as determined by the Agencies.

I understand and am informed that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. The Club cannot guarantee that I or anyone else will not become infected with COVID-19, including my spouse, guests, unborn child, or relatives. Participation in the Club's sports program(s), related event, or activity, could increase the risk of contracting COVID-19. By signing this agreement, I ACKNOWLEDGE the contagious nature of COVID-19 and VOLUNTARILY ASSUME THE RISK that I may be exposed to or infected by COVID-19 by participating in the Club's athletic sports program(s), related event, or activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself, my spouse, guests, unborn child, or relatives. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club's athletic sports program(s), related event, or activity may result from the actions, omissions, or negligence of myself or others, including, but not limited to, the Club's employees, volunteers, and program participants. I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further, I UNDERSTAND AND AGREE that this release includes any claims based on the actions, omissions, or negligence of the Club, its employees, agents, volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any of the Club's athletic sports program(s), related event, or activity.

In consideration of being afforded the opportunity to participate in the Program, I, and my parent or legal guardian if I am a minor, for and on behalf of myself and my heirs, executors, administrators, successors, and assigns, hereby forever release, acquit, and discharge, and agree to indemnify and hold harmless, La Verne Lazers Soccer Club and its operators, officers, directors, employees, contractors, members, partners, agents, sponsors, vendors, invitees and affiliates from any and all causes of action or actions, suits, losses, liability, damages, claims (including but not limited to, negligence, gross negligence, willful or intentional conduct), personal injury damages, medical or hospital bills, lost wages, property damages, judgments, levies, and executions whether known or unknown, liquidated or unliquidated, fixed or contingent, direct or indirect which the undersigned or

his/her heirs, executors, administrators, successors, and assigns may have, against said released parties arising out of my participation in the Program and any other Club activities.

I understand and agree that the foregoing release is binding and that La Verne Lazars Soccer Club will deny my participation in the Program until this release is executed by myself and my parent/legal guardian (if applicable) and all terms are hereby accepted. I understand that, if I am a minor, my parent or legal guardian is required to sign this release.

If my child is a minor, I understand and agree with each and every matter stated herein. I knowingly and willingly consent to my child's participation in the Program, and I hereby bind myself and my minor child to the terms of this Return-to-Play Waiver by signing below.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

In the event any governing agency (City of La Verne, Cal South, Coast Soccer League, County of Los Angeles, State of California, and/or Federal Government) issues specific and required guidelines, it will be my complete responsibility to read, understand, and adhere to all the guidelines set within.

I have read, understand, and accept the Return-to-Play Waiver as outlined above.

Parent Name _____ Parent Signature _____

Player Name _____ Date _____

Lazars Team _____ Coach _____

FOR LAZERS SC OFFICE USE ONLY

Received by: _____ Date: _____