



I understand and acknowledge that _____'s participation in the youth soccer program and related events and activities, including tournaments, games, and training by Century V FC and in connection with PaWest Soccer Association may pose dangers and risks of possible exposure to and illness from infectious diseases, including but not limited to influenza and COVID-19. I understand that while particular rules and procedures may be in play to reduce risk, the danger of serious illness or death remains. I understand that Century V FC and PaWest Soccer Association assume no responsibility for any and all illness, disability, death of loss of damage to person or property in connection with his or her participation.

I hereby waive, release, and discharge Century V FC and PaWest Soccer Association from any and all liabilities or claims, financial or otherwise, made as a result of participation in the youth soccer program and related events and activities.

Participant Name (print)

Parent/Guardian Name (print)

Date

Participant Signature, if age 18 or over

Date