

**PARTICIPATION WAIVER**

I understand and acknowledge that \_\_\_\_\_'s participation in the athletic program and related events and activities, including tournaments and games, offered by and in connection with **PA WEST 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 and may reduce risk, the risk of serious illness or death exists. I understand that **PA WEST SOCCER ASSOCIATION** assumes no responsibility for any and all illness, disability, death or loss of damage to person or property in connection with my participation. I hereby waive, release, and discharge **PA WEST SOCCER ASSOCIATION** from any and all liabilities or claims, financial or otherwise, made as a result of participation in the athletic program and related events and activities.

\_\_\_\_\_  
Participant Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature, if age 18 or over

\_\_\_\_\_  
Date