



ASSUMPTION AND ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT. IMPORTANT WAIVER, POLICY AND INSURANCE INFORMATION

In consideration of being allowed to participate in any way with the United States Adult Soccer Association, Inc., its Affiliates, Member Teams, the Metropolitan DC- Virginia Soccer Association, Inc. ("MDCVSA"), including the Central Virginia Soccer Association ("CVSA") and their respective related events, I _____ (*print player/participant name*), the undersigned, acknowledge, appreciate and agree that:

1. I have read and agree to this release, assumption of risk agreement, and additional terms and disclaimers, and I recognize that I am giving up substantial rights by agreeing/signing.

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. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The CVSA will has put in place preventative measures to reduce the spread of COVID-19; however, the MDCVSA and CVSA cannot guarantee that you will not become infected with COVID-1 and makes no representations of any kind that it is capable of doing so. Furthermore, attending or participating in the games or going to CVSA facilities (including, but not limited to the Longdale Recreation Association property, located at 10425 Greenwood Road in Glen Allen.) could increase your risk and risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that may be exposed to or infected by COVID-19 by attending or participating in any CVSA match/event (or going to any CVSA facility or field) and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the soccer games/facilities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CVSA representatives/volunteers, and program participants, including but not limited to refs and coaches.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the CVSA games/facilities or participation in CVSA programming/games/matches (“Claims”). I hereby release, covenant not to sue, discharge, and hold harmless the MDCVSA and/or the CVSA, its agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the MDCVSA and/or the CVSA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any match or while visiting any such facility.

2. Prior to participation, I will inspect the facilities and equipment to be used and, if I believe that any condition is unsafe, I will immediately advise my coach and the match official of such condition and refuse to participate. Refusal to participate will not result in any negative repercussions;
3. I understand the nature and limitations of the supplemental insurance coverage provided through the registration fee and agree to assume all additional responsibility for hazards incurred in the conduct of activities as well as transportation to and from activities;
4. I acknowledge and fully understand that the risk of injury or illness from the activities involved in programs like playing soccer are significant. I further acknowledge that I will be engaging in activities that involve risk of serious injury, including the potential for permanent paralysis, permanent disability, and death, and severe social and economic losses that might result not only from my own actions, but from the action, inactions and negligence of others, the rules of play, the condition of the premises or field, and any equipment used. I accept full responsibly for my participation and the damages following any injury, permanent paralysis, permanent disability, or death, or the injuries that I may cause others.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** the United States Soccer Federation (“USSF”), the United States Adult Soccer Association, Inc. Its Affiliates, Leagues and Member Teams, the MDCVSA, including the CVSA and their respective officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”) **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law;
6. There may be risks that are not known to the RELEASEES (*defined in Section 5*) that are not reasonably foreseeable at this time;

7. I KNOWINGLY AND FREELY ASSUME ALL OF THE FOREGOING RISKS, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF INJURY OR ILLNESS, both known and unknown to me at the time of this agreement, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation;
8. I willingly agree to abide by all the rules, regulations, policies and decisions of the USSF, the USASA, Its Affiliates, Leagues and Member Teams, the MDCVSA, and the affiliated league(s) in which I participate, and I agree to accept any disciplinary action taken by any of those organizations;
9. I understand that a photograph of my likeness may be requested and used on a Membership Card, or may be taken during MDCVSA sponsored events and games by MDCVSA affiliated photographers, and may be published through various MDCVSA affiliated media without compensation of any kind;
10. I agree that the Membership Card is non-transferable and is the sole property of the MDCVSA, and that as a result of a disciplinary suspension, my name, date of birth, and a photograph of my likeness may be posted on the MDCVSA website;
11. I agree that the MDCVSA and/or the league may each require proof of identification;
and

I agree that registration with the MDCVSA does not guarantee placement with a league or a team, as there may be additional requirements of the individual league or team.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ PARTICIPANT'S SIGNATURE

Date of Birth: _____

Date Signed: _____

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the RELEASEES, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian's Signature: _____

Emergency Phone: _____ Date: _____

Notes on Insurance Coverage:

The MDCVSA currently provides Participant Accident Insurance (secondary coverage) to leagues that purchase it. Participant Accident Insurance generally covers medical expenses (within limits) for injuries sustained during sanctioned amateur soccer activities. Participant Accident Insurance is secondary coverage to a member's primary insurance. If no primary insurance exists, then this becomes their primary insurance coverage.

The Insurance carrier asks that Claims be filed within 30 days of the date of the injury, but may sometimes allow up to 60 days from the date of the incident for the claim to be received. Please follow the directions on the claim form posted at the MDCVSA web site carefully so that the form can be processed correctly.