COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable diseases, 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, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS North Texas State Soccer Association, Inc. and its Member Associations, Clubs, and Leagues, as well as their respective officers, officials, agents and/or employees, other participants, sponsors, advertisers, 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.

X			
Participant's Signature		Age	Date
FOR PARENTS/GUARDIANS OF PAREGISTRATION)	ARTICIPANT OF M	MINOR AGE (UND	ER AGE 18 AT TIME OF
This is to certify that I, as parent/guardia to his/her release as provided above of kin, I release and agree to indemnify a to my minor child's involvement or part FROM THE NEGLIGENCE OF THE RE	f all the Releasees, nd hold harmless thicipation in these p	and, for myself, mone Releasees from rograms as provide	y heirs, assigns, and next of any and all liability incidents d above, EVEN IF ARISING
X			
Parent/Guardian Signature	Date	Emergency Phone	Number(s)