

SOCCERMAINE

Participant's Name		Birthdate	
Street Address		City	Zip
Parent/Guardian's Name		Emergency Phone (_)
Parent/Guardian's Name		Emergency Phone (_))
In consideration of being allowed to pa activities, I the undersigned, on behalf o agree that:			
I am aware there are risks to me of expoutbreak of any and all communicable coronavirus 2 (SARS-CoV-2)", which is thereof.	disease, including but	not limited to, the virus "severe ac	ute respiratory syndrome
Participation in Scarborough Soccer Club infectious, communicable diseases, include to Play" Guidelines, and Scarborough SILLNESS AND DEATH DOES EXIST. WARRANT, OR REPRESENT THAT PARENT NOT LIMITED TO COVID-19, AS A	ding COVID-19. While Soccer Club COVID- SCARBOROUGH SO RTICIPANTS WILL N	following Federal and State guidelin 19 Protocol may reduce the risk, T OCCER CLUB CANNOT, AND DO OT CONTRACT A COMMUNICABL	es, Soccer Maine "Return THE RISK OF SERIOUS DES NOT GUARANTEE, E DISEASE, INCLUDING
I KNOWINGLY AND FREELY ASSUME	ALL SUCH RISKS.		
I, for myself and on behalf of my heirs, as HOLD HARMLESS, AND FOREVER DIS agents and/or employees, other participa to conduct the event (RELEASEES), fr whatsoever kind arising out of, or in any v DEATH I may suffer or sustain as a res WHETHER ARISING FROM THE NEGLI law.	SCHARGE SCARBOR ints, sponsors, advertion om any and all claim way connected to or result of my participation	ROUGH SOCCER CLUB, Soccer M sers, and, if applicable, owners and ns, demands, losses, liability, rights lated to any ILLNESS, INJURY, DIS n in Scarborough Soccer Club progr	aine, its officers, officials, lessors of premises used s, or causes of action of ABILITY, DAMAGES OR ams, events or activities,
I HAVE READ THIS RELEASE OF LIAI TERMS, UNDERSTAND THAT I HAVE CONSTITUTES A BINDING AGREEMEI INDUCEMENT.	GIVEN UP SUBSTAI	NTIAL RIGHTS BY SIGNING IT, AC	CKNOWLEDGE THAT IT
XParticipant's Signature		Age Date	
FOR PARENTS/GUARDIANS OF PAR	RTICIPANT OF MINO		IF OF REGISTRATION)
TONT ANENTO/GOANDIANG OF TAI	CHOIL AICH OF MINE	SK AGE (GNBEK AGE TO AT TIM	<u>LOI REGIOTRATION</u>
This is to certify that I, as parent/guardian as provided above of all the Releasees, a and hold harmless the Releasees from a programs as provided above, EVEN IF permitted by law.	and, for myself, my he	irs, assigns, and next of kin, I releas dents to my minor child's involvemer	se and agree to indemnify at or participation in these
X		Emorgonov Phono Number	(6)
Parent/Guardian Signature	Date	Emergency Phone Number	(S)