



## COMMUNICABLE DISEASE/COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Participant/Child'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 participate in any way in programs, related events, and activities organized and facilitated by Capital Travel Sports, Inc. d/b/a Washington Capital United (WCU), I, the undersigned, on behalf of myself and my participating minor children or guardians, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, 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.

Participation in WCU programs, events, and activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. While following the Federal and State guidelines, Maryland State Youth Soccer Association "Return to Play" Guidelines, and WCU COVID-19 Best Practices and implemented Protocols may reduce the risk, **THE RISK OF SERIOUS ILLNESS AND DEATH DOES EXIST. WCU CANNOT, AND DOES NOT GUARANTEE, WARRANT, OR REPRESENT THAT PARTICIPANTS WILL NOT CONTRACT A COMMUNICABLE DISEASE, INCLUDING BUT NOT LIMITED TO COVID-19, AS A RESULT OF PARTICIPATION IN ITS PROGRAMS, EVENTS, OR ACTIVITIES.**

### **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS.**

I willingly agree, on behalf of myself and any of my minor children, to comply with the stated, reasonable, and/or customary terms and conditions related to my Participation—and that of my minor children—as regards protection against infectious diseases; and if I observe any unusual or significant hazard during my presence or participation, I will remove myself and my minor children, as appropriate, from Participation and bring such hazard to the attention of the nearest WCU official immediately; and if I prior to my Participation—and that of my minor children— in a WCU event observe symptoms or display symptoms of an infectious disease I will refrain from participation and will immediately notify a WCU official.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE** WCU, its 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, liability, rights, or causes of action of whatsoever kind arising out of, or in any way connected to or related to any **ILLNESS, INJURY, DISABILITY, DAMAGES OR DEATH** I may suffer or sustain as a result of my participation in Washington Capital United programs, events or activities, **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.**

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Age

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION):**

This is to certify that I, as parent/guardian with legal responsibility for the above-named minor child participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself and for the other Releasees I do hereby release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or Participation in the Program as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent / Guardian Name

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

\_\_\_\_\_  
Date