USA INTERNACIONAL COVID-19 WAIVER

Name		DOB	
Birth Place	Height		Weight
Email		Position	
Evening Phone		Team name	
Address			
City	State		Zip

I acknowledge the contagious nature of Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing and wearing face coverings.

I further acknowledge and agree that USA INTERNACIONAL has put in place reasonable preventative measures to reduce the spread of Coronavirus/COVID-19 and other viruses and illnesses.

I further acknowledge and agree that USA INTERNACIONAL cannot guarantee that I will not become exposed to or infected with Coronavirus/Covid-19 or any other virus or illness while using USA INTENACIONAL facilities or equipment. I understand and agree that the risk of exposure to Coronavirus/COVID-19 and other viruses and illnesses is inherent and unavoidable with regard to the activity of visiting and training or similar facility.

I understand and agree that this risk may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, USA INTERNACIONAL staff, members, clients, guests, and others using or visiting USA INTERNACIONAL facilities.

I voluntarily seek services provided by USA INTERNACIONAL and acknowledge that by doing so I am increasing my risk of exposure to Coronavirus/COVID-19 and other viruses and illnesses. I acknowledge that I must comply with procedures to reduce the spread or Coronavirus/COVID-19 and other viruses and illnesses at any USA INTERNACIONAL facility.

For my protection and the protection of others, in consideration of being granted access to USA INTRNATIONAL facilities and equipment, and knowing that USA INTERNACIONAL and its staff, members, clients, guests, and others will act in reasonable reliance on the truth of my statements herein, I represent, warrant, and attest that:

- I am not experiencing any symptom of illness, including but to limited to cough, shortness of breath or difficulty breathing, fever, chills, shaking, muscle pain, headache, sore throat, or loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I have not been exposed to anyone with a suspected and/or confirmed case of Coronavirus/COVID-19 or any other contagious disease or illness in the last 14 days.
- I have not been diagnosed with Coronavirus/Covid-19 or any other contagious disease or illness (unless I have also been cleared as noncontagious by public health authorities after being so diagnosed).
- I have been following and will continue to follow all applicable guidelines relating to the prevention of disease and prevention of the spread of disease issued by the CDC and by the public health departments/officers of the cities, counties and states in which I work, live, and visited within the past 14 days, and in which the USA INTERNACIONAL facilities which I use are located.
- On behalf of myself, my family members, my heirs, representatives, and successors, I hereby willfully and voluntarily acknowledge and accept the risks of being present at and using USA INTERNACIONAL facilities and equipment and being near others using USA INTERNACIONAL facilities and equipment, and to the maximum extent permitted by law release and agree to hold USA INTERNACIONAL harmless from any and all causes of action, claims, demands, damages, costs, expenses and compensation for injury, illness, damage or loss to myself and/or property that may be caused by any act or failure to act (including ordinary negligence) of USA INTERNACIONAL, or that may otherwise arise in any way in connection with any services received or my presence at any USA INTERNACIONAL facility's.
- I understand that this liability release and waiver supplements and does not replace or reduce any liability release and/or waiver I have previous agreed to, such as in my USA INTERNACIONAL agreement.

USA INTERNACIONAL WAIVER

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

- 1. The risk of injury from the activities involved in this facility is significant, including the potencial for permanent paralysis and death.
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF FROM THE NEGLIGENCE OF RELEASEES or other, and assume full responsibility for my participation.
- 3. I willingly agree to comply with terms and condition for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Soccer at LCA, its officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and leasers of the premises, from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY, OR DEATH I may suffer, 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.

I have read this release of liability and assumption of risk agreement, fully understand its terms, I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature

Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION:

This is the 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 to Releasees from any and all liability incidents to my minor child's involvement or participation in these programs/activities as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

Parent/Guardian Signature

Do not complete - For use by LCA

Player ID #

Reviewed/Approved by

Date

Date