

Belle Vernon Area Youth Soccer Club



I understand and acknowledge that _____'s participation in the youth soccer program and related events and activities, including tournaments, games, and training by Belle Vernon Area Youth Soccer Club and in connection with PaWest Soccer Association may pose dangers and risks of possible exposure to and illness from infectious diseases, including but not limited to influenza and COVID-19. I understand that while particular rules and procedures may be in play to reduce risk, the danger of serious illness or death remains. I understand that Belle Vernon Area Youth Soccer Club and PaWest Soccer Association assumes no responsibility for any and all illness, disability, death or loss of damage to person or property in connection with his or her participation.

I hereby waive, release, and discharge Belle Vernon Area Soccer Club and PaWest Soccer Association from any and all liabilities or claims, financial or otherwise, made as a result of participation in the youth soccer program and related events and activities.

Participant Name *(Please print)*

Parent / Legal Guardian Name *(Please print)*

Parent / Legal Guardian Signature

Date