



• 2021/2022 Try Out Player COVID-19 Liability Release Waiver

Please Complete within 3 hours prior to Each Weekly Training Session

Print and Bring Form to your Red Bulls Trainer.

PLAYER MAY NOT ATTEND SESSION WITHOUT CERTIFICATION FORM

- Player Name: _____
- The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which the Hoboken City FC. (the "Organization") adheres to comply.
- In consideration of my child's participation in the foregoing, the undersigned acknowledge and agree to the following:
 - I am aware of the existence of the risk that my child's participation in HCFC soccer that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19.
 - My Child has not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
 - My child has not, nor any member(s) of our household, traveled by sea or by air, internationally within the past 30 days.
 - My child did not, nor any member of our household, visit any any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days
 - My child has not been, nor any member(s) of our household, diagnosed to be infected of COVID-19 virus within the last 30 days.
- Following the pronouncements above I hereby declare the following:
 - I am fully and personally responsible for my child's safety and I recognize that my child may be at risk of contracting COVID-19. With full knowledge of the risks

involved, I hereby release, waive, discharge the HCFC, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless the HCFC from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

- By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give consent on behalf of my child; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

- Parent Name: _____
- Parent Phone Number: _____
- Parent Email: _____
- Signature: _____

[Clear](#)

- Date Signed: