

**MANDATORY RELEASE AND WAIVER OF LIABILITY, INDEMNITY AND PARENTAL
CONSENT AGREEMENT**
("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way at Upper Southampton Academy, DBA Bucks Futsal League ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin now declare:

1. ACKNOWLEDGE, agree, and state that I understand the nature of BUCKS FUTSAL Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) BUCKS FUTSAL ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I might incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND AGREE AND PROMISE NOT TO SUE BUCKS FUTSAL, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT THAT ARE CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT MEDICAL ASSISTANCE RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE. I INTEND THIS AGREEMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE, THE BALANCE,

NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BUCKS FUTSAL ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES, AND I BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, AGREE AND PROMISE NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT MEDICAL ASSISTANCE OR RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I acknowledge the contagious nature of communicable diseases, in particular the COVID 19 Coronavirus and that the United States Center for Disease Control (CDC) and many other public health authorities still recommend practicing social distancing.

I further understand that Upper Southampton Academy, Inc., DBA Bucks Futsal has put in place recommended preventative measures that are intended to reduce the spread of communicable diseases including but not limited to COVID 19.

I further understand that Upper Southampton Academy, Inc., DBA Bucks Futsal **CAN NOT** guarantee that I will not become infected with communicable diseases. I understand that the risk of becoming exposed to and/or infected by communicable diseases may result from the actions, inadvertence, omissions, or negligence of myself and others, including, but not limited to, staff, guests and other clients and their families.

I voluntarily seek services provided by Upper Southampton Academy, Inc., DBA Bucks Futsal, and acknowledge that I could be increasing my risk to exposure to communicable diseases including but not limited to COVID 19. I understand that I must comply with all required procedures that are intended to reduce the spread diseases while I am attending Upper Southampton Academy, Inc., DBA Bucks Futsal.

I promise at all times that I am on the Upper Southampton Academy, Inc., DBA Bucks Futsal facility premises, the following will be true:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 20 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of any communicable diseases including but not limited to COVID 19.
- * I have not been diagnosed with any communicable diseases, or I have been cleared as noncontagious by state or local public health authorities.
- * I am following all Center for Disease Control recommended guidelines as much as possible pertaining to Coronavirus and I am limiting my exposure to communicable diseases, in particular but not limited to COVID 19.

I hereby release and agree to hold Upper Southampton Academy, Inc., DBA Bucks Futsal harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Upper Southampton Academy, Inc., DBA Bucks Futsal or that may otherwise arise in any way in connection with any services received from Upper Southampton Academy, Inc., DBA Bucks Futsal. I understand that this release discharges Upper Southampton Academy, Inc., DBA Bucks Futsal from any liability or claim that I, my heirs, or any personal representatives may have against Upper Southampton Academy, Inc., DBA Bucks Futsal with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Upper Southampton Academy, Inc., DBA Bucks Futsal. This liability waiver and release extends to the facility together with all owners, partners, employees, and associates.

By signing below, I agree to all terms stated in this agreement document above without exception.

PLAYER NAME PRINTED: _____

PARENT/GUARDIAN NAME PRINTED: _____

PLAYER SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

Date: ____ / ____ / _____

