

**NEVADA YOUTH SOCCER ASSOCIATION – DOWNTOWN LVSC RETURN TO PLAY -
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that: I will abide by all rules, policies, bylaws, directives and guidelines that are issued or enforced by the Nevada Youth Soccer Association (NYSA) and Downtown Las Vegas Soccer Club (DLVSC) and that compliance with all such rules, bylaws, directives and guidelines is a condition of my membership in NYSA and DLVSC, and a condition for receipt of my player card. In the event I do not follow all rules, policies, bylaws and guidelines issued by NYSA, I agree that I am willingly assuming all risks for myself, my child, or my team 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 and mutation or variation thereof.

During travel, I agree to review and follow the guidelines of the state I am in for Return to Play and preventing the spread of COVID-19. I will also continue to follow the basic precautions of wearing a mask in public, maintaining 6 feet of social distancing from others, regularly washing hands, and not touching my face. I agree that upon return to Nevada, I will follow all applicable federal, state and CDC guidelines, including those concerning when to quarantine. I understand that these precautions are an attempt to prevent the spread of the disease from one state into another as well as preventing mass infection in the soccer community. Insurance will only be valid during travel with the current 2020/2021 NYSA player card.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, AND HOLD HARMLESS THE** Nevada Youth Soccer Association, its officers, officials, agents and/or employees, (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer 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 Full Name Date of Birth

Participant's Team Name

X _____

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 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 hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above to the fullest extent *permitted by law*.

Parent/Guardian Full Name Emergency Phone Number(s)

X _____

Parent/Guardian Signature Date