NJ YOUTH SOCCER PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ Home Phone: _____ Mobile Phone: _____

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In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies:_____

Other Medical Conditions: _____

Player's Physician: _____ Office Phone: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PARENT/GUARDIAN CONSENT, WAIVER OF LIABILITY AND MEDICAL RELEASE

Recognizing the possibility of injury or illness to my son/daughter/ward, and in consideration of NJ Youth Soccer and its members (leagues, clubs, teams and organizations) (hereinafter collective, the "**Programs**") accepting my son/daughter/ward as a player in the soccer programs and activities of NJ Youth Soccer and the Programs, I freely and voluntarily, and with full understanding of the consequences, consent to my son/daughter/ward participating in the Programs. Further, I, on behalf of myself, my son/daughter/ward, and our heirs, executors, administrators, assigns, and representatives, hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT-TO-SUE NJ Youth Soccer, its member organizations (the Programs) and sponsors, their directors, officers, employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs (hereinafter collectively, the "**Releasees**"), and hereby indemnify and hold harmless the Releasees from and against any and all liability, claims, demands, actions, and causes of action whatsoever, arising directly or indirectly out of, related to, or as a result of any loss, damage or injury, including but not limited to death, that may be sustained by or on behalf of my player son/daughter/ward as a result of my son's/daughter's/ward's participation in the Programs and/or being transported to or from the Programs, which transportation I hereby authorize, whether such claims are caused in whole or in part by the negligence, gross negligence or other act, omission or conduct on the part of NJ Youth Soccer or its members or otherwise.

In consideration of my son/daughter/ward being allowed to participate in any way in the Programs, related events and activities, I, the undersigned, on behalf of myself, son/daughter/ward, and our heirs, executors, administrators, assigns, and representatives, hereby acknowledge, appreciate, and agree that I am aware there are risks to myself and my son/daughter/ward of exposure 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 any mutation or variation thereof, and I, for myself and on behalf of my son/daughter/ward, our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, WAIVE, INDEMNIFY, AND HOLD HARMLESS NJ Youth Soccer and the Releasees from any and all claims, demands, losses, and liability arising out of or related to any illness, injury, disability or death related to COVID-19 that I or my son/daughter/ward may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF NJ YOUTH SOCCER OR THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. On behalf of my son/daughter/ward, myself, and our heirs, executors, administrators, assigns, and representatives, I hereby recognize that we may be at a higher risk of contracting COVID-19 as a result of participating in the activities, events and opportunities offered by NJ Youth Soccer and the Programs, and hereby assume the risk that I or my son/daughter/ward may contract COVID-19.

The player, my son/daughter/ward, has received a physical examination from a physician and has been found physically capable of participating in the Programs. I have provided written notice, which was submitted in conjunction with this Release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified in the NJ Youth Soccer Medical Release Form, that my child/ward has or that may impact my child's/ward's participation in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my child/ward with medical assistance and/or treatment during his/her participation in the Programs. I understand that I, my heirs, executors, and administrators, will be responsible financially for the reasonable cost of such medical assistance and/or treatment my son/daughter/ward receives during participation in the Programs.

By signing below I acknowledge and represent that I have read this Medical Release and Waiver of Liability set forth herein, that I understand it, and that I sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; that I am sufficiently informed about the risks involved in myself and my son/daughter/ward participating in the events and activities offered by NJ Youth Soccer and the Programs to decide whether to sign this document; that no oral representations, statements, promises or inducements, apart from the foregoing written agreement, have been made; that I am at least eighteen (18) years of age and fully competent to execute this document; and that I execute this document for full, adequate, and complete consideration, with the intent to be fully bound by the same. I agree that this Waiver of Liability shall be governed by and construed in accordance with the laws of the State of New Jersey, and that if any of the provisions set forth herein are found to be unenforceable, the remainder of this Waiver of Liability shall be enforced as fully as possible and the unenforceable provision(s) shall be reformed or modified to a reasonable extent required to permit enforcement of this Waiver of Liability as a whole.

_____ _____

Signature of Parent/Guardian Date