

## G4S SOCCER TRAINING COMMUNICABLE DISEASE RELEASE OF LIABILITY, WAIVER, AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities of G4S Soccer Training on or after August 31, 2020, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me, notwithstanding any actions or efforts of G4S Soccer Training, 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.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS G4S Soccer Training**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("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, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law. I further expressly waive any such claims I may have in the future against the Releasees, and I agree that I assume any and all risks related to my participation in G4S Soccer Training events or activities pursuant to this Agreement.

I further state that I have read the G4S Soccer Training COVID Control Plan ("Plan," available at <a href="http://www.G4SSoccerTraining.com">http://www.G4SSoccerTraining.com</a>) and I am aware that G4S Soccer Training may revise the Plan without written notice to me. I agree, on behalf of myself and my child, to abide by the terms of the Plan, including any future revisions to same.

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 Name		Age	Date	
x		· ·		
Participant's Signature (if over the	age of 18)			
FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR (UNDER 18 AT TIME OF SIGNATURE)				
This is to certify that I, as paren and agree to his/her release as assigns, and next of kin, I releas any and all liability incidents to as provided above, EVEN IF AR extent permitted by law.	provided above o se and agree to ir my minor child's	of all the Releasees ademnify and hold involvement or pa	, and, for myself, my heirs, harmless the Releasees from inticipation in these programs	
X				
Parent/Guardian Signature	Date	Emergency	Phone Number(s)	

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