

Hempfield Area Soccer Club
Return to Play
Participation Waiver

I understand and acknowledge that _____'s
Participant's Name
participation in the athletic program and related events and activities, including tournaments and games, offered by and in connection with PA WEST SOCCER ASSOCIATION and/or HEMPFIELD AREA SOCCER CLUB may pose dangers and risks of possible exposure to and illness from infectious diseases, including but not limited to influenza and COVID-19. I understand that while particular rules and procedures may be in play and may reduce risk, the risk of serious illness or death exists. I understand that PA WEST SOCCER ASSOCIATION and/or HEMPFIELD AREA SOCCER CLUB assumes no responsibility for any and all illness, disability, death or loss of damage to person or property in connection with my participation. I hereby waive, release, and discharge PA WEST SOCCER ASSOCIATION and/or HEMPFIELD AREA SOCCER CLUB from any and all liabilities or claims, financial or otherwise, made as a result of participation in the athletic program and related events and activities.

Participant Name (printed)

Parent/Guardian Signature

Date

Participant Signature if age 18 or over

Date