## FYSA COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in any Florida Youth Soccer Association, Inc. ("FYSA") or Northeast Raiders Youth Association, Inc. DBA St. Pete Raiders ("SPR" and collectively with FYSA the "Released Parties") related event or activity I, the undersigned participant, parent, or legal guardian, acknowledge, appreciate, and agree that:

By participating in any event or activity held by or related to the Released Parties (each an "Event"), there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risk of death, personal injury, or other loss that I may sustain in connection with such Communicable Diseases.

I, for myself or for my minor child(ren) or ward(s), and on behalf of my/our heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, HEREBY EXPRESSLY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE FLORIDA YOUTH SOCCER ASSOCIATION, INC. AND NORTHEAST RAIDERS YOUTH ASSOCIATION, INC., DBA ST. PETE RAIDERS, and their officers, officials, agents, representatives, employees, otherparticipants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which any Event takes place (each a Landlord") from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES incurred due to or in connection with any Communicable Diseases, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES, A LANDLORD, OR OTHERWISE, to the fullest extent permitted by law.

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion hereof is held invalid, it is agreed that the remainder shall continue in full legal force and effect.

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.

X							
Participant's PRINTED Name	Age	Date					
X							
Participant's Signature/Name	Age	Date					
FOR PARENTS/GUARDIANS OF PARTICIPANT OF MEGISTRATION)	MINOR AGE	(UNDER	AGE	18	AT	TIME	OF
I certify that I am the legal parent/guardian with responsibility of Agreement and do consent and agree to his/her release of a agree that, for myself, my heirs, assigns, beneficiaries, executed next of kin, I expressly release and agree to indemnify and heighlity incident to the above Participant's involvement or provided herein, EVEN IF ARISING FROM THE NEGLIGIBLE.	II the Release cutors, administ all harmless articipation in	d Parties a strators, pe the Releas FYSA rela	is proversonal sed Par ated ev	ided repr ties rents	abovesening aboves above	ve. I fu tatives, any ar activitie	irther, and all es as

Date

Emergency Phone Number(s)

permitted by law.

Parent/Guardian Signature