



**2021 Amherst Soccer Club/Hampshire United SC  
28<sup>th</sup> Annual Memorial Day Classic  
COMMUNICABLE DISEASE, RELEASE OF LIABILITY AND  
ASSUMPTION OF RISK AGREEMENT**

**Name of Participant:** \_\_\_\_\_

In consideration of being permitted to participate in any way in the programs, events or activities including but not limited to the Memorial Day Classic Tournament, practices, games, camps, sponsored or authorized by Amherst Soccer Club, Hampshire United SC and New Hampshire Soccer Association, the undersigned parent(s)/legal guardian(s) (or the Player, if over the age of 18), hereby acknowledge, appreciate, and agree that:

As a result of participation in this soccer program, we are aware there are risks to me and the player 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 the participant and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE AMHERST SOCCER CLUB, HAMPSHIRE UNITED SC AND NEW HAMPSHIRE SOCCER ASSOCIATION**, its officers, officials, agents, volunteers 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 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.**

**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 Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child’s involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____ Parent/Guardian Signature	_____ Date	_____ Emergency Phone Number
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