



WPSL TEAM WAIVER and RELEASE FROM LIABILITY

(PLAYERS AND COACHES)

I acknowledge that soccer or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. I recognize that I may be asked to try-out for, practice with, participate in, and travel to and from soccer events on behalf of the team and I HEREBY ASSUME THE RISK OF PARTICIPATION IN THE SOCCER EVENT.

I agree that prior to participating, I will inspect the facilities and equipment to be used, and, if I believe anything is unsafe, I will immediately advise the coach or supervisor of such condition(s) and refuse to participate.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

(a) I WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to or from the soccer event, THE FOLLOWING PERSONS OR ENTITIES: U.S.A.S.A., the W.P.S.L., _____ (team) : the team owner(s), Sponsors; Players; Coaches; and the officers, directors, employees representatives and agents of any of the above;

(b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and (c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY.

PLAYER'S NAME (please print): _____

DATE: _____

PLAYER'S SIGNATURE: _____

FOR MINORS ONLY

I AM UNDER THE AGE OF EIGHTEEN (18) YEARS. MY PARENT/GUARDIAN HAS READ COMPLETED THE SECTION BELOW.

(If the applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.)

The undersigned, _____ (parent/guardian) the parent and natural guardian or legal guardian of _____ (minor's name) hereby the forgoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of, or relating to the Soccer event. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor.

DATE: _____

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO MINOR

MINOR PLAYER'S SIGNATURE

Oak City United COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in any Oak City United LLC or WPSL related events and activities I, the undersigned participant and parent (or legal guardian) acknowledge, appreciate, and agree that:

By participating in Oak City United LLC related events and activities, **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, 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 personal injury, illness or other loss that I may sustain in connection with such Communicable Diseases.

I, for myself and 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 OAK CITY UNITED LLC**, and its officers, directors, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which Oak City United LLC related events and activities take place (the "Released Parties"), 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 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 North Carolina, 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.

Participant Signature

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

I certify that I am the legal parent/guardian with responsibility for the above participant, and that I have read this Agreement and do consent and agree to his/her release of all the Released Parties as provided above. I further agree that, for myself, my heirs, assigns, beneficiaries, executors, administrators, personal **representatives**, and next of kin, I expressly release and agree to indemnify and hold harmless the Released Parties from any and all liability incident to the above Participant's involvement or participation in Oak City United LLC related events or activities as provided herein, EVEN IF ARISING FROM THE NEGLIGENCE OF THE **RELEASEES**, to the fullest extent permitted by law.

Parent/Guardian
Signature

Date

Emergency Phone Number(s)