

## PA West Participation Waiver

I understand and acknowledge that \_\_\_\_\_'s participation in the athletic program and related events and activities, including tournaments and games, offered by and in connection with PA WEST SOCCER ASSOCIATION 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 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 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.

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\*Participant Name (printed)

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Parent/Guardian Signature/Date

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\*Participant Signature, if age 18 or over Date