NORTH CAROLINA YOUTH SOCCER ASSOCIATION WAIVER				
(Tc	be given to your local associa 20 20	tion)		
NCYSA		NCYSA Poli	cy #	
		V Excess policy insurance. If	y to any valid and collectible there is no primary insurance	
Greensboro, NC 27419	FOREIGN BORN US CITIZEN F		on a player, this policy the deductible.	
Player First Name M Initial Last Name (AS APPEARS ON BIRTH CERTIFICATE)	Full Association	Name	Jersey #	
[] Academy [] Challenge [] Classic	[] Recreation [] Male [] Female	
Birth Date	Level		Sex	
Address of Player	City	State	Zip	
Parent/Legal Guardian Full Name	Home Phone	Work Phone	Cell Phone	
Additional Person to Contact in an Emergency	Address	Home Phone	Cell Phone	
Date of Last Tetanus Shot Medica	tions now being taken			
Player is Allergic to these Medications and Substances				
List any Unusual Health Information		En	nail for soccer information	
I (we), the undersigned, residing in the count guardian of the above Registrant, a minor, who resides w related activities with the above-mentioned soccer team a Association.	ith us, do hereby declare our intent to allow th		nd participate in all soccer-	
I (we) agree that we and the Registrant will a physical injury associated with soccer and in consideratic Programs"), we hereby jointly and severally release, disc employees and associated personnel, including the owner a result of the Registrant's participation in the Programs a	harge and/or otherwise indemnify the USYS, the result of the USYS, the second sec	gistrant for their soccer progran NCYSA, their affiliated organizations, against any claim by or on	ns and activities (the " tions and sponsors, their behalf of the Registrant as	
I (we) further, jointly and severally, as parent the above-named individuals or any of the designated co participating in the Programs with the above Team specif Programs or traveling to or from events in the Programs	fically to include any and all claims for persona	pility, claims or demands arising al injuries sustained while preser	from the Registrant	
In addition, I (we) do hereby authorize any or or guardian to obtain consent or if sound medical practice anesthetic, medical or surgical procedure, treatment, and the advice of any physician, surgeon or dentist duly licen	d/or hospital care, to be rendered to the Regis	an attempt, to consent to any x-i	ray examination,	
The undersigned have read and fully unders may be executed by electronic signatures as provided in	tand and agree to the foregoing. In addition, Chapter 66 of the North Carolina General Sta		gree that this agreement	
Insurance Information: Name of Insurance Company:		**Parent/Lea	al Guardian Signature	
ID Number:		-0	ŭ	
Confirmation Number:			Date	



RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in any Wayne County United Soccer Club (WCUSC) and North Carolina Youth Soccer Association, Inc. ("NCYSA") related events and activities I, the undersigned participant and parent (or legal guardian) acknowledge, appreciate, and agree that:

By participating in WCUSC & NCYSA 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 WCUSC and NORTH CAROLINA YOUTH SOCCER ASSOCIATION, INC. and its officers, directors, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which WCUSC & NCYSA 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.

x	
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Participant's Signature/Name

Age	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 WCUSC & NCYSA related events or activities as provided herein, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.