

**UNIVERSITY CITY FUTBOL CLUB, INC. (“UCFC”)**

COVID-19 PANDEMIC CONSENT FORM

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. University City Futbol Club, Inc. (“UCFC”) has put in place preventative measures to try and reduce the spread of COVID-19; however, UCFC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending UCFC tryouts and practices could increase your risk and your child(ren)’s risk of contracting COVID-19.

I confirm that my child/player is not presenting any of the following symptoms of COVID-19 listed here: Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat

Parent Initials: \_\_\_\_\_\_\_\_

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending tryouts and practices, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at tryouts or practice may result from the actions, omissions, or negligence of myself and others, including, but not limited to, UCFC board members, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the event (“Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless University City Futbol Club, Inc. and Mecklenburg County Parks and Recreation (Mallard Creek Park) or Crossway Community Church, its employees, agents, board members and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of UCFC, its board members, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any UCFC program.

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Signature of Parent

Print Name of Player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone --------------------------

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEND THIS FORM by E-MAIL to University City Futbol Club, Inc. at universitycityfc@gmail.com prior to the tryout or practice you are attending.