

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT - PLAYERS CALIFORNIA STATE SOCCER ASSOCIATION (CAL SOUTH) W
 AIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT In consideration of being
 allowed to participate in athletic programming, sanctioned activities and events (collectively Sanctioned Activities) related to the California State Soccer Association-South
 (Cal South) and affiliate members (RELEASSEES), the undersigned acknowledges, appreciates, and agrees that: Participation in such Sanctioned Activities inherently
 includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may
 reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH INHERENT RISKS, both known and unknown, EVEN IF ARISING
 FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and
 customary terms and conditions for participation in such Sanctioned Activities as regards to protection against infectious diseases. If, however, I observe any unusual or
 significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for
 myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Releasees their officers, directors, officials, agents,
 and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the Sanctioned Activities,
 WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF
 RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby agree to
 defend and indemnify RELEASEES for all such claims, causes of actions, allegations or matters arising out of, relating to, based upon or in any way connected to my participation
 in such Sanctioned Activities. 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 CAL SOUTH PARTICIPANTS OF MINORITY AGE (UNDER
 AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this
 waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection
 against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward, do consent and
 agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any
 and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the
 fullest extent provided by law. The signed waiver/release should be kept on file by the sports organization for at least 7 years and possibly longer if the player has contracted a
 serious illness. IF THIS ELA IS EXECUTED BY AN INDIVIDUAL OTHER THAN THE PARENT OR GUARDIAN OF THE YOUTH ATHLETE, then I the representative of the Cal South Affiliate
 Member attest that the Waiver for Communicable Disease has been provided to the youth's Parent / Guardian and that they have signed and returned the waiver for
 communicable disease or have signed the acknowledgement team/group's form and that we have either of the forms in our association records. Cal South may request a
 copy at anytime and it will be provided. CALIFORNIA STATE SOCCER

CAL SOUTH WAIVER I, the registrant and the registrants legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of Cal South
 and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with adult soccer activities
 and games In consideration for Cal South accepting the youth players registration and participation in its sanctioned adult soccer leagues, tournaments and team travel activities
 ("Adult Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees
 and associated personnel, including the owners of fields and facilities utilized for the Adult Programs, against any claim, lawsuit or written demand, including but not limited to
 any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrants participation in the Adult Programs and/or being transported to
 or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrants date of birth from legal records to be provided to a Cal South
 authorized representative for the limited purpose of verifying the Cal South player's age and identity. (4) We consent to emergency medical care prescribed by a duly licensed
 Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrants well-being and we hereby agree to be
 financially responsible for all costs associated with such treatment. (5) We consent to Cal South taking photographs, video recordings, and/or sound recordings in documenting
 the activities of Cal Souths programs and services. We hereby grant Cal South and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings,
 or any other reproduction of the same for Cal South and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have
 read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights
 above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.

COVID 19 PREVENTION AND PROTOCOLS ACKNOWLEDGEMENT I acknowledge receipt of Cal South's COVID-19 Prevention and Protocol Information IF THIS ELA IS EXECUTED BY
 AN INDIVIDUAL OTHER THAN THE PROFILE OWNER OR THE PARENT OR GUARDIAN OF THE YOUTH PARTICIPANT, then I the representative of the Cal South Affiliate Member
 attest that the Cal South Prevention and Protocol Information has been provided to the participant.

OPIOID INFORMATION FACTSHEET I the parent / guardian of a youth athlete acknowledge that in adherence to California Health and Safety Code, Division 106, Part 2., Chapter
 4., Article 2.5 Youth Sports Concussion and Sudden Cardiac Arrest Prevention Protocols [124235-124236], that I and my child (athlete) have been provided a Opioid Information
 Factsheet from the Cal South Club or League. Further I understand that the Opioid Information Factsheet shall be signed by my child (athlete) and, if my child (athlete) is 17 years
 of age or younger, it shall also be signed by me (the athlete's parent or guardian), before my child (athlete) initiates practice or competition. And if my child (athlete) is six years
 of age or younger, only my signature (the athlete's parent or guardian) shall be required. Last, if my child (athlete) is 18 years of age or older, only the signature of my child
 (athlete) shall be required. IF THIS ELA IS EXECUTED BY AN INDIVIDUAL OTHER THAN THE PARENT OR GUARDIAN OF THE ATHLETE, then I the representative of the Cal South
 Club or League attest that the Opioid Information Factsheet has been provided to and signed by the Athlete and Parent / Guardian as stipulated by California Health and Safety
 Code, Division 106, Part 2., Chapter 4., Article 2.5 Youth Sports Concussion and Sudden Cardiac Arrest Prevention Protocols [124235-124236].

OPTIONAL SAFESPORT TRAINING FOR YOUTH ATHLETICS I the parent / guardian of a youth athlete acknowledge that I have been offered optional training for my child
 regarding the prevention of child abuse. IF THIS ELA IS EXECUTED BY AN INDIVIDUAL OTHER THAN THE PARENT OR GUARDIAN OF THE YOUTH ATHLETE I the representative of
 the Cal South Affiliate Member attest that the option training as been offered to the parent / guardian of the youth athlete.

PLAYER INFORMATION CONCUSSION AND SUDDEN CARDIAC ARREST I the parent / guardian of a youth athlete acknowledge that in adherence to California Legislation AB-379,
 that I am to be provided a Concussion and Head Injury Information Sheet and a Sudden Cardiac Arrest Information Sheet by my league or club administrators. Further I am to
 sign the Concussion and Head Injury Information Sheet and a Sudden Cardiac Arrest Information Sheet and also have my child sign the Concussion and Head Injury Information
 Sheet and a Sudden Cardiac Arrest Information Sheet if they are between 7 and 17 years of age and return it to my league or club administrators. If my child is 18 years of age,
 then only they need to sign the Concussion and Head Injury Information Sheet and a Sudden Cardiac Arrest Information Sheet and return it to the league or club administrators.
 IF THIS ELA IS EXECUTED BY AN INDIVIDUAL OTHER THAN THE PARENT OR GUARDIAN OF THE YOUTH ATHLETE I the representative of the Cal South Affiliate Member attest that
 the Concussion and Head Injury Information Sheet and a Sudden Cardiac Arrest Information Sheet has been provided to and signed by the Athlete and Parent / Guardian as
 stipulated by California Legislation AB-379.

ROSTER FREEZE ACKNOWLEDGEMENT As parent/ guardian of the named player, I acknowledge the following stated rule (1.5.3). Roster Freeze: 1.5.3 Team rosters shall be
 frozen at midnight August 1st to all but new players and those granted a waiver. The roster freeze period extends from August 1st through the first Monday after Thanksgiving.

Player First Name and Last Name	Parent First and Last Name	Parent Signature
Date		