



PUEBLO RANGERS Soccer Club 5V5 League Team and
Individual Waiver with attached COVID-19 assumption of
risk and waiver of liability

TEAM NAME: _____

DATE ___/___/___ DIVISION _____

***THIS DOCUMENT MUST BE COMPLETED AND TURNED IN TO THE 5v5 PROGRAM DIRECTOR
BEFORE PLAYING THE FIRST GAME***

In consideration of being allowed to participate or in consideration of my child being allowed to participate, in any way in the PUEBLO RANGERS SOCCER CLUB, INC. 5v5 LEAGUE :

1. I agree that prior to participating, I will, or if I am a parent or guardian of a minor participant, I will instruct such participant that he or she should inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or supervisor of such condition(s) and refuse to participate.

2. I acknowledge and fully understand that I (or my child), may be engaging in activities that involve risk of serious injury, permanent disability, or death, and sever social and economic losses which might result not only from my own actions, inactions or negligence by actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. I assume all the forgoing risks and accept personal responsibility for the damages following any such injury, permanent disability, or death.

4. Intending to be legally bound, I do hereby release, waive, discharge and agree not to sue Pueblo Rangers Soccer Club, Inc., its affiliates, their respective administrators, officers, directors, agents coaches, and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise in connection with association or entry in and/or arising out of my travel to, participation in, and returning from competition of the tournament.

5. In the event that I (or my child) sustain injury or illness while competing in the PUEBLO RANGERS SOCCER CLUB, INC. 5v5 LEAGUE, I hereby authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel, including college trainers, to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately able to do so.

6. I hereby consent to allow my picture and/or voice likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the PUEBLO RANGERS SOCCER CLUB, INC. 5v5 LEAGUE and without compensation to me.

7. I understand that the PUEBLO RANGERS SOCCER CLUB, INC. will not sell any of my personal information to third parties unless I give my consent.



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 dangerous and is believed to be spread from person-to-person contact. As a result, federal, state and local governments and health agencies recommend established guidelines to reduce the risk of spreading the virus. These include requiring social distancing and, in many locations, prohibiting the congregation of large groups of people. These guidelines are for the safety of the public and should be followed. Notwithstanding recommendations and guidelines by these entities, it must be understood that that COVID-19 is a continuing threat to the health and lives of the citizens of Colorado. The Pueblo Ranger Soccer Club has put in place preventative measures to reduce the spread of COVID-19. However, it is understood that the Club cannot guarantee that you or your child(ren) will not come into contact with or become infected with corona virus. Your mere physical presence at the Club activities could increase your risk and your child(ren)'s risk of contracting the disease. Notwithstanding the risk of infection, I, on behalf of myself and my minor child(ren), wish to voluntarily participate in soccer activities offered by the Club. These include practices and other training, soccer matches, team activities and possibly travel to other facilities not under the control of the Club for soccer matches. In consideration of being allowed to participate in any way in Club programs, and related events and activities, I, and/or the minor child(ren) state as follows:

1. I understand that although the Club has taken precautions to provide proper organization, supervision, instruction and equipment for the services being offered, it is impossible for the Club to guarantee absolute safety from infection by the coronavirus. Also, I understand that I share the responsibility for safety during all activities, and I assume that responsibility. I will make my instructors aware to the best of my ability of any questions or concerns regarding my understanding of safety standards, guidelines, procedures and my ability to participate at any point during any activity. I will also take steps to ensure the health of my child(ren) before the child participates in any soccer activity.

2. I understand that risks during soccer activities include possible exposure to the coronavirus. In addition, risks of soccer activities include, but are not limited to loss or damage to personal property, injury, permanent disability, fatality, exposure to inclement weather, slipping, falling, insect or animal bites, being struck by falling objects, hypothermia (cold exposure), hyperthermia (heat exposure), and that severe social or economic losses that may result from any such incident. I also understand that such accidents or illnesses may occur in remote areas without easy access to medical facilities or while traveling to and from the activity sites. Further, there may be other risks not known to me or not reasonably foreseeable at this time.

3. I assume all the foregoing risks and accept personal responsibility for the damages due to such injury, permanent disability or death resulting from participation in any Club activity.

After you have reviewed the acknowledgment of risk and waiver of liability of this letter and if you understand and agree with its contents, please sign in the appropriate places. If you are the parent or legal guardian of a student, please read this document to the child(ren), and if you both agree and understand their content, place YOUR signature in the appropriate places. I voluntarily agree to assume all of the foregoing risks described on the other side of this Waiver and accept sole responsibility for any injury to my child(ren) and myself (including, but not limited to, personal injury, disability or death), illness, damage, monetary 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 participation at the Club or Club activities ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release the Club, its agents, coaches, chaperones, representatives and employees from any and all claims, demands, and causes of action, whether resulting from negligence or otherwise, of every nature and in conjunction with a Club activity as set forth on the reverse side of this Waiver. In addition, by signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by COVID-19 by attending Club activities. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club its employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after attendance at the Club activities.

THE UNDERSIGNES HAVE READ THE ABOVE WAIVERS AND RELEASES ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT HE/SHE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Individual Player Wavier Information:

1. Player _____ Address _____ City _____
State ____ Zip ____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____

2. Player _____ Address _____ City _____
State ____ Zip ____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____

3. Player _____ Address _____ City _____
State _____ Zip _____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____

4. Player _____ Address _____ City _____
State _____ Zip _____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____

5. Player _____ Address _____ City _____
State _____ Zip _____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____

6. Player _____ Address _____ City _____
State _____ Zip _____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____

7. Player _____ Address _____ City _____
State ____ Zip ____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____

8. Player _____ Address _____ City _____
State ____ Zip ____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____

9. Player _____ Address _____ City _____
State ____ Zip ____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____

10. Player _____ Address _____ City _____
State ____ Zip ____ Phone (____) _____ Gender (Circle): Male Female
Birth date __/__/__ Age ____

I HAVE READ THE ABOVE WAIVER AND RELEASE ALONG WITH ATTACHED COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THESE DOCUMENTS.

Waiver Signature (if under 18 must be parent signature) _____