## CYSA AND CHALLENGE SPORTS COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in any Columbia Youth Soccer Association, Inc. ("CYSA") related events and activities and/or Challenge Sports LLC related events and activities. I, the undersigned participant, parent, or legal guardian, acknowledge, appreciate, and agree that:

By participating in CYSA and/or CHALLENGE SPORTS LLC 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 (SARS-CoV-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 or other loss that I may sustain in connection with such Communicable Diseases.

I, for myself or 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 COLUMBIA YOUTH SOCCER ASSOCIATION, INC. and its officers, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which CYSA 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, for myself or 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 CHALLENGE SPORTS LLC. and its officers, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which CYSA 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 Florida, 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		 ^	 Date	
Participant's Signature/Name.		Age.	Date	
FOR PARENTS/GUARDIANS OF PAR	TICIPANT OF MINOR	AGE (UNDER AGE	18 AT TIME OF RE	GISTRATION )
I certify that I am the legal parent/guardi Agreement and do consent and agree to that, for myself, my heirs, assigns, bene expressly release and agree to indemnit above Participant's involvement or particle as provided herein, EVEN IF ARISING I by law.	o his/her release of all the eficiaries, executors, adnify and hold harmless the cipation in CYSA and/or	ne Released Parties ninistrators, person e Released Parties CHALLENGE SPO	s as provided above al representatives, a from any and all liab DRTS LLC related e	. I further agree nd next of kin, I pility incident to the vents or activities
X			<u> </u>	
Parent/Guardian Signature.	Date	Emergency Phone	Number(s)	