



HIGHLANDER SOCCER CLUB

P.O. Box 594, Claysville, Pennsylvania 15323

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PARTICIPATION WAIVER

I understand and acknowledge that _____'s participation in the athletic program and related events and activities, including tournaments and games, offered by and in connection with HIGHLANDER SOCCER CLUB AND/OR MCGUFFEY SCHOOL DISTRICT may pose dangers and risks of possible exposure to and illness from infectious diseases, including but not limited to influenza and COVID-19. I understand that while particular rules and procedures may be in play and may reduce risk, the risk of serious illness or death exists. I understand that HIGHLANDER SOCCER CLUB AND/OR MCGUFFEY SCHOOL DISTRICT assumes no responsibility for any and all illness, disability, death or loss of damage to person or property in connection with my participation. I hereby waive, release, and discharge HIGHLANDER SOCCER CLUB AND/OR MCGUFFEY SCHOOL DISTRICT from any and all liabilities or claims, financial or otherwise, made as a result of participation in the athletic program and related events and activities.

Participant Name (printed)

Parent/Guardian Signature Date

Participant Signature, if age 18 or over Date