

PARTICIPATION WAIVER

I understand and acknowledge that _____'s participation
Participant's Name
in the athletic program and related events and activities, including tournaments and games,
offered by and in connection with PA WEST SOCCER ASSOCIATION and/or
WOODLAND HILLS YOUTH SOCCER ASSOCIATION 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 PA WEST
SOCCER ASSOCIATION and/or WOODLAND HILLS YOUTH SOCCER ASSOCIATION
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 PA
WEST SOCCER ASSOCIATION and/or WOODLAND HILLS YOUTH SOCCER
ASSOCIATION 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