



I understand and acknowledge that allowing \_\_\_\_\_ to participate in the Victory Soccer Club youth soccer program and related events and activities, including tournaments, games, and training in connection with the PA West 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 to reduce risk, the danger of serious illness or death remains. I understand that Victory Soccer Club and PA West Soccer Association assume no responsibility for any and all illness, disability, death of loss of damage to person or property in connection with his or her participation.

I hereby waive, release, and discharge Victory Soccer Club and the PA West Soccer Association from any and all liabilities or claims, financial or otherwise, made as a result of participation in the youth soccer program and related events and activities.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature, if age 18 or over

\_\_\_\_\_  
Date