

**Waiver/Release for Communicable Diseases, Including  
COVID-19, for Parent/Guardian Volunteer Participant  
in Abington Youth Soccer Activities**

**Assumption of Risk/Waiver of Liability**

Wishing to volunteer my time and services for Abington Youth Soccer ("AYS"), I hereby acknowledge that said organization is doing everything it can to protect the public as well as myself as a volunteer. I fully understand that participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and discipline may reduce the risk, the risk of serious illness and death does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE AYS, or others, and assume full responsibility for my participation.

To this extent, I agree to follow AYS, EPYSA, CDC, PA DOH, and local health district, among others, guidelines, regulations and policies to reduce the spread of communicable diseases, including but not limited to, MRSA, influenza and COVID-19.

I understand that I may be informed or encounter sensitive personal health information for those that AYS serves. I agree to hold this information in confidence and will not disseminate any such information except as allowed per AYS policy or procedure or as allowed by law.

I understand that AYS does not afford me any direct medical health coverage during my volunteering with AYS. AYS is not responsible for any exposure by me to any communicable disease, such as MRSA, influenza and COVID-19, among others, and I HEREBY RELEASE AND HOLD HARMLESS AYS, its directors, officers, agents, employees, volunteers, participants and owners or lessors of any premises utilized by AYS, for negligence or otherwise, to the fullest extent permitted by law.

**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 INDUCEMENT.**

Name of Volunteer \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_