

# Dynasty Goalkeeping Liability Release

Name of Participant: \_\_\_\_\_

## ASSUMPTION OF RISK/WAIVER OF LIABILITY INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES - Including COVID-19

In consideration of participating in any way in a **Dynasty Goalkeeping LLC** training session, and /or participating in or attending related events or activities at Saint Mary's School in conjunction with **Dynasty Goalkeeping LLC**, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious disease including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for any injury, illness, disability or death related to my participation, whether physical, social or economic including, but not limited to, the Corona Virus Disease (COVID-19); and,
3. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and that severe social and economic loss may result not only from his or her own actions, inactions, or negligence but from the actions, inactions or negligence of others, as well as the rules of play, the condition of the premises, or from any equipment used. Further that there may be other risks not known to the adult and/or minor participant including risks that may not be reasonably foreseeable; and,
4. I willingly agree to comply with the stated and customary terms and conditions from participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
5. Represents that I, or my child, am qualified, in good health and in proper physical condition to participate in activity(ies) at Saint Mary's School with Dynasty Goalkeeping LLC, and hereby authorize Tracy Noonan, or any representative of Dynasty Goalkeeping LLC, or medical provider, to seek medical attention on my behalf, or on behalf of my child, to ensure my well-being, or the well-being of my child, without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue or delayed operations; and,
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASES AND HOLD HARMLESS, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE **Dynasty Goalkeeping LLC** and their officers, officials, agents, independent contractors, coaches, staff, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES") from any and all liability, claims and/or litigation actions WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I/WE HAVE READ THE ABOVE 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.

**Printed Name** of Parent/Guardian or Adult Participant \_\_\_\_\_

**Signature** of Parent/Guardian or Adult Participant \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibility for adhering to the rules and regulations for protection against communicable diseases.

**Printed Name** of Parent/Guardian \_\_\_\_\_

**Signature** of Parent/Guardian \_\_\_\_\_ **Date:** \_\_\_\_\_