ARROWHEAD CLASSIC PARTICIPATION WAIVER AND RELEASE

I understand and acknowledge that my child's participation in the Arrowhead Classic Tournament hosted by the Peters Township Soccer Association ("PTSA") 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 the hazards of COVID-19 and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that that the circumstances regarding COVID-19 are changing from day to day and that the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates.

Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to have my child participate in the Arrowhead Classic. I understand that while particular rules and procedures may be in place by the CDC, state government, and the PTSA's Return to Play Guidelines, which I acknowledged and agree to follow, the risk of contracting COVID-19 and serious illness or death still exists.

I UNDERSTAND THAT THE PTSA AND ITS OFFICERS AND DIRECTORS ASSUME NO RESPONSIBILITY FOR ANY ILLNESS, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE ARROWHEAD CLASSIC. I HEREBY WAIVE, RELEASE, AND DISCHARGE THE PTSA AND ITS OFFICERS AND DIRECTORS FROM ANY AND ALL LIABILITIES OR CLAIMS, FINANCIAL OR OTHERWISE, RELATED TO COVID-19 WHICH MIGHT OCCUR AS A RESULT OF MY OR MY CHILD'S PARTICIPATION IN THE ARROWHEAD CLASSIC.

Additionally, I shall indemnify, defend and hold harmless the PTSA and all of its officers and directors from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees) related to my child's participation in the Arrowhead Classic and arising from or out of, or relating to, directly or indirectly, COVID-19.

_____

Participant Name (printed)

_____ _____

Parent/Guardian Signature Date

_____ _____

Participant Signature, if age 18 or over Date