

## **RELEASE AND WAIVER OF LIABILITY**

### **Alianza de Futbol**

This Hold Harmless Agreement (this "Agreement") is made as of August 1st 2021. In consideration for allowing me, together with any minor children under my care and control, (collectively, "I" or "Me" ) to participate in the Alianza de Futbol program (hereinafter, the "Events").

I agree I am engaging in the Events at my own risk and acknowledge that the organizers, including Box to Box, LLC , For Soccer Ventures, LLC, Allstate Insurance Company, Univision Communications, Inc. Verizon Corporate Services Group Inc , and all other sponsors of the Events (the "Organizers") make no warranties or representations, express or implied, regarding my engaging in the Events. I understand the nature of the risks posed to me at the Events and the possible dangers to which I may be exposed while participating in the Events.

The state of medical knowledge is evolving, but the novel coronavirus known as "COVID-19" is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even in the air. It is understood that those infected can show no symptoms and appear asymptomatic and still spread the disease. EVIDENCE HAS SHOWN THAT COVID-19 CAN CAUSE SERIOUS AND POTENTIALLY LIFE THREATENING ILLNESS AND EVEN DEATH. I UNDERSTAND AND AGREE THAT COVID-19 IS EXTREMELY CONTAGIOUS, THAT THERE IS AN INHERENT DANGER AND RISK OF EXPOSURE TO COVID-19 IN ANY PLACE WHERE PEOPLE ARE PRESENT, INCLUDING THE FACILITIES AND IN THE NORMAL COURSE OF THE CLINICAL INTERNSHIP, WHICH REQUIRES CLOSE CONTACT WITH OTHER PEOPLE. I UNDERSTAND AND AGREE THAT NO PRECAUTIONS, INCLUDING ANY PROTOCOLS THE CHARGERS PUT IN PLACE, CAN ELIMINATE THE RISK OF EXPOSURE TO OR CONTRACTION OR TRANSMISSION OF COVID-19, AND THAT SUCH RISK APPLIES TO EVERYONE ACCESSING THE FACILITIES. I also recognize the fact that there is an inherent danger in this type of activity. These risks may result in serious injury or death, and include but are not limited to injuries caused by: 1) collisions with players or balls; 2) equipment failure; or 3) an "act of nature" which may include, but is not limited to, inclement weather. I will follow all applicable policies and protocols provided by the Organizers, including health and safety policies, and the instructions of the Organizers while participating in the Events. I am aware of no physical problem or condition that could endanger myself or others if I were to participate in the Events.

I further acknowledge and agree to the following:

- I will clean the areas I am responsible for appropriately to meet the CDC recommendations and how best to ensure safety in the events;
- I will comply with the recommendation that I maintain a 6 foot social distance from other employees, clients, customers, visitors and others except in the event I am required to be closer for limited periods of time due to the nature of the athletic events that are a part of the Events;
- I will wash and/or sanitize my hands frequently and thoroughly and will wear a face covering and gloves as needed or directed;
- I will stay away from the Events if I am sick, believe I am sick, and/or have knowingly been exposed to a communicable illness or disease including, but not limited to, COVID-19
- I will cover coughs and sneezes; and
- I agree to review and adhere to all CDC and Health and Human Services recommendations

I understand minors under the age of 18 are permitted to participate in the Events only under the direct supervision of an adult parent, legal guardian, or an authorized designee of the parent or guardian. I agree to take full responsibility for any minors accompanying me, to keep them within sight and reach, and to directly supervise them at all times.

I, for myself and my heirs, hereby waive and release the Organizers, any Event sponsors and their respective officers, directors, and employees (collectively, "Released Parties") from any and all claim, liability, cause of action, or obligation of whatever kind or nature, whether known or unknown, foreseen or unforeseen, whether at law or in equity, which I have or may have against the Released Parties resulting from any injury to me and any accompanying minor child(ren), or damage to my property arising out of my participation in the Events.

I, for myself and my heirs, further agree to indemnify and hold the Organizers harmless from any and all claims, liabilities, losses, damages, and expenses incurred in connection with the foregoing. If the Organizers are made a party to any litigation, arbitration or other proceeding commenced by or against me arising from my participation in the Event, I shall defend, protect and hold the Organizers harmless from any judgment, award or settlement and shall pay all costs, expenses, and attorney's fees incurred or paid by the Organizers in connection with such litigation.

I understand and agree that the Organizers may tape, photograph, and record participants during and in connection with the production of the Events. I warrant to Organizers that I have the right to authorize and hereby authorize the Organizers and their affiliates and licensees to use my name, recorded performance and likeness for the purpose of advertising and publicizing the Organizers and/or any events at which I participate, alone or in conjunction with an Organizer's products and for the promotion of the Organizer's lines of business, including, but not limited to, its print, computer online, mobile, podcast, and licensing businesses, provided my name, voice and/or likeness shall not be used in any merchandising or as a direct endorsement of any other product and/or service

I understand, acknowledge and accept that this Agreement is intended to be as broad and inclusive as permitted by the laws of the state in which the Events are taking place and agree that if any portion of this Agreement is found to be unenforceable or illegal, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this Agreement shall take place in the city and state of the Events.

### **CONCUSSION AWARENESS PLAYER SAFETY MATTERS**

Alianza de Futbol is following the implementation guidelines for U.S. Soccer's Recognize to Recover Player Safety Campaign, specifically as it relates to concussion initiatives and heading for youth players:

US Soccer has mandated the following rules as it relates to heading:

- \*Players in U11 programs and younger shall not engage in heading, either in practices or in games.
- \*Limited heading in practice for players in U12 and U13 programs. More specifically, these players shall be limited to a maximum of 30 minutes of heading training per week, with no more than 15-20 headers per player, per week.
- \*Clubs should be aware of circumstances in which individual consideration is needed. For example:
  - A 10 year old playing at U12 or older should not head the ball at all.
  - An 11 or 12 year old playing at U14 or older should abide by the heading restrictions in practice.
- \*Referees should enforce these restrictions by age group according to the specified rules. Referees will not be assessing the age of individual players on the field: they will enforce the rules for the age group.

In adherence to these new requirements, referees have been instructed by U.S. Soccer of the following rule addition: When a player deliberately heads the ball in a game, an indirect free kick (IFK) should be awarded to the opposing team from the spot of the offense. If the deliberate header occurs within the goal area, the indirect free kick should be taken on the goal area line parallel to the goal line at the point nearest to where the infringement occurred.

For age groups with limited substitutions: Any player suspected of suffering a head injury may be substituted for evaluation without the substitution counting against the team's total number of allowed substitutions during the game.

Alianza de Futbol strongly recommends that all coaches, staff members, parents and players watch U.S. Soccer's concussions in soccer overview video.

Alianza de Futbol is governed by the Pennsylvania Law. To review the concussion and return to play laws in PA please check the following links:

\*Recognize to Recover web page (<http://www.recognizetorecover.org/#us-soccers-comprehensive-player-health-and-safety-program>)

\*CDC HEADS UP for youth sports (<https://www.cdc.gov/headsup/youthsports/>)

\*CDC Concussion in Sports Flyer (<https://apltournaments.com/sites/default/files/files/CDC%20Concussion%20in%20Sports.pdf>)

\*Concussion Fact Sheet (<https://apltournaments.com/sites/default/files/files/Concussion%20Fact%20Sheet.pdf>)

**Have you sustained a concussion or other traumatic brain injury in the last 12 months?**

**If yes, have you been cleared to return to play by a medical professional?**

**A copy of the medical clearance/release is required to be provided to Alianza de Futbol in order to participate in the current year tournament.**

IN WITNESS WHEREOF, the undersigned had duly executed this Agreement on the day and year first written above

Player/ Coach/Guardian name: \_\_\_\_\_

Team/Club name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Mobile number: \_\_\_\_\_ Home number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ e-mail: \_\_\_\_\_

**I have read this waiver and understand that the tournament does not provide any kind of insurance for injuries sustained while playing in this tournament and I am participating at my own risk.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 2021 RELEASE AND WAIVER OF LIABILITY



ALIANZA DE FUTBOL®

He leído la presente responsiva y entiendo que este torneo / programa no tiene cobertura médica y/o de accidentes y estoy participando en la competencia bajo mi propio riesgo (así como los jugadores de la presente lista y/o miembros del equipo). I have read this waiver and understand that the tournament does not provide any kind of insurance or medical coverage for injuries sustained while playing in this tournament / program and I am participating under my own risk. (as well as the players on this list and /or members of my team)

TEAM NAME:		CATEGORY:		DATE:	
#	PLAYER NAME	ADDRES	EMAIL	BIRTHDATE	NAME/SIGNATURE (PARENT OR COACH UNDER 18)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					