

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

In consideration of being allowed to participate on behalf of the **FREMONT YOUTH LEAGUE (FYL) FOOTBALL** & the **FREMONT COMMUNITY SCHOOL DISTRICT** located in Fremont, Indiana 46737 in athletic program(s) and related events and activities, the undersigned acknowledges, consents to, and agrees that:

1. Participation in athletic activities includes possible exposure to the illness from infectious diseases including but not limited to **COVID-19**. While certain guidelines, practices, and personal discipline may reduce this risk, the risk of serious illness and/or death through participation is real and does exist; and,
2. I agree to comply with the stated and customary terms and policies established and conditions for participation regarding protection against infectious diseases as adopted by the School District and Fremont Youth League (FYL) Football; and
3. If I observe any unusual or significant hazard or unusual conditions during my presence or participation in athletics, I will remove myself from participation and bring such to the attention of my coach or the nearest School Official and be held out until medically cleared to return to athletic activity; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Fremont Community School District and Fremont Youth League (FYL) Football, their officers, officials, agents, coaches, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASES”), **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASES OR OTHERWISE, to the fullest extent permitted by law.**
5. I acknowledge that the only way to completely reduce the risk of injury from participation in athletics is to remove myself from the activity and not participate.

**I HAVE READ THIS RELEASE OR LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND RISKS I AM UNDERTAKING BY SIGNING IT. I SIGN FREELY, VOLUNTARILY, WITHOUT INDUCEMENT, DURESS AND WITH FULL UNDERSTANDING.**

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

Participant Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**FOR MINOR CHILDREN WHO ARE UNDER 18 AT THE TIME OF EXECUTION.**

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 responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities that include the possibility of becoming seriously ill or even dying. I agree after careful thought and consideration to assume the risk on behalf of my minor child. I, for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward to release and agree to indemnify and hold harmless the these activities as provided above, **EVEN IS ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.**

Name of Parent/Guardian: \_\_\_\_\_

Parent Guardian/signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_