WESTON WARRIORS SPORTS, INC. COMMUNICABLE DISEASE PROTOCOL RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Player Name:	Team:	In returning back to the
fields for training, which is no	t mandatory and is only voluntary	, if you feel it is safe for you and
your child(ren), you will have	to agree to the following terms an	nd conditions and the return to
play guidelines posted on our	website: http://westonwarriorssp	oorts.com. This form must be
signed prior to your first train	ing session.	

Players may not participate if any of the following conditions are present:

- Signs or symptoms of COVID-19 in the past 14 days. If a person has had a documented case of the COVID-19 infection, a doctor's note is needed to clear to participate in training sessions after the applicable period of quarantine for 14 days. If the child is sick, he/she must stay at home.
 - Travelled outside the community 14 days prior to the start of training
- Abnormal temperature readings; Parents agree to check participants temperature 1 hour prior to training and if the temperature is abnormal, Parent shall not bring the child to the training session.
- Signs or symptoms at training sessions. Coaches & staff will ask each athlete if they are experiencing any signs or symptoms of COVID19. If the athlete shows any signs or symptoms of infection, they will be sent home and need to contact a healthcare provider.
- Missing supplies. Each player is responsible for having their own Infection prevention supplies to be utilized, such as (hand sanitizer, facial tissues, facial covering, hand sanitizers). Players are encouraged to wash their hands often with soap and water for at least 20 seconds before and after practices. If soap and water is not available, use your own hand sanitizer.
- Missing Equipment. Each player has to have their own equipment and water bottle, and will not be permitted to share or come in physical contact with another player. Players must bring a water bottle or they will not be allowed to train.
- Not adhering to social distancing. No high fives, huddling, hugging, no spitting or coughing. Players have to arrive fully dressed at the fields with a mask on which can only be taken off at the start of the training session.
- Parents on or around the field. Parents are expected to remain in their car for the duration of the trainings and are not permitted on the fields.

In consideration of being allowed to participate in any way in any Weston Warriors Sports, Inc. events and any of its affiliates, which include but are not limited to Pop Warner Little Scholars ("PWLS"), Southeast Region Pop Warner, Inc. ("SEPW"), Gold Coast Pop Warner, Inc. ("GCPW"), or the City of Weston and activities I, the undersigned participant, parent, or legal guardian, acknowledge, appreciate, and agree that:

• By participating in Weston Warriors Sports, Inc. and its affiliates' and participating cities' related events and activities, there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS - CoV-2)", which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full

responsibility for any and all risk of personal injury or other loss that I may sustain in connection with such Communicable Diseases.

I, for myself or for my minor child(ren) or ward(s), and on behalf of my/our heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, HEREBY EXPRESSLY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE WESTON WARRIORS SPORTS, INC and its affiliates and participating cities and its officers, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which Weston Warriors Sports, Inc. related events and activities take place (the "Released Parties"), from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES incurred due to or in connection with any Communicable Diseases, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion hereof is held invalid, it is agreed that the remainder shall continue in full legal force and effect.

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 ANY INDUCEMENT. Parent/Guardian Signature **Print Name** Age Date FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF **REGISTRATION**) I certify that I am the legal parent/guardian with responsibility for this participant, and that I have read the foregoing Agreement and do consent and agree to his/her release of all the Released Parties as provided above. I further agree that, for myself, my heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, I expressly release and agree to indemnify and hold harmless the Released Parties from any and all liability incident to the above Participant's involvement or participation in Weston FC related events or activities as provided herein, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by law. Parent/Guardian Signature Print Name Date Emergency Phone #(s)