

HALF CENTURY CLUB PLAYER/ PARTICIPANT WAIVER AND RELEASE FORM

Half Century Club Inc. (HCC) is committed to conducting its soccer programs, services, and activities (collectively “HCC Activities”) in a safe manner and holds the safety of all players and participants in high regard. You, as a player and participant, must recognize that there is an inherent risk of injury when choosing to play or participate in HCC Activities. Consequently, you are solely responsible for determining if you are physically fit and/or adequately skilled to play and participate in HCC Activities. By signing this form, you hereby represent and acknowledge to HCC that you have consulted a physician before participating in any HCC activities and that you do not have any health issues which would preclude you from HCC Activities.

WARNING OF RISK

As a player and participant in HCC Activities, you are warned to recognize and acknowledge that there are certain risks of injury from strenuous exertion and potential body contact. You are agreeing to assume the full risk of any injuries or death which may result from participating, in any manner, in any activities associated with HCC. As a group we work together to assure the safety of each other and agree to play and participate in a responsible manner with safety of all participants upper most in your mind and actions on and off the pitch.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I agree to waive and relinquish any and all claims that I may have as a result of participating in HCC activities as well as any facility, such as WAA , Oakhurst Fields, and Naperville Park District, that might be directly or indirectly liable for any injuries or death I might sustain while participating in HCC soccer activities. I further release, discharge, indemnify and hold harmless HCC and Wheatland Athletic Association (WAA) or any of its affiliates, officials, directors, employees, agents, officers, and/or other volunteers from any and all claims for injuries, including death, damages and losses sustained, and arising out of, connected with or in any way associated with my conduct and participation in the activities of the HCC soccer program. I will abide by the HCC and the WAA codes of conduct while participating. COVID-19

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I understand that while HCC has undertaken reasonable steps to lessen the risk of transmission of the COVID-19 in connection with adult soccer on and off the pitch, HCC is not responsible in any manner for any risks related to the transmission of this highly contagious and dangerous disease that may cause significant personal injury or death. I am fully aware that participation in HCC activities carries with it certain inherent risks related to COVID-19 transmission from contact with other players on and off the pitch, but I hereby voluntarily accept and assume all risk of loss, injury or death arising from this disease and/or virus. I further hold harmless and indemnify HCC from any such loss that may arise from COVID-19 transmission or exposure on and off the playing field.

Participant Name: (Please Print): _____

Player/Participant Signature: _____

_____ Date: _____

