



OHIO SOUTH STATE REFEREE COMMITTEE

A Member of United States Soccer Federation

INFECTIOUS DISEASE WAIVER FOR OUT-OF-STATE REFEREES

Whereas, the undersigned Participant voluntarily wishes to participate in OSSRC events and activities, and other events and activities sanctioned by or conducted in accordance with the rules of the governing state, local, regional, or national soccer associations or other governing body. These events and activities include, but are not limited to, training sessions or programs offered by OSSRC in addition to games, tournaments, and other activities sanctioned, sponsored, or conducted in accordance with the rules established by any governing body or soccer association, and any tournaments, games, or activities sponsored or offered by any soccer club, as sanctioned or approved by the appropriate governing body or soccer association (the aforementioned collectively referred to as the "Activities"). In consideration of Participant being permitted to participate in the Activities, the undersigned Participant acknowledges and agrees that:

1. OSSRC and the applicable soccer governing bodies and associations have taken reasonable and necessary precautions to limit the spread of infectious diseases, including COVID-19. Participant acknowledges and agrees that participation in the Activities described above involves the possible exposure to and illness from infectious and/or communicable diseases including, but not limited to, COVID-19, MRSA, influenza, and other infectious or communicable diseases. While adherence to particular rules and requirements may reduce the risk of possible exposure, Participant acknowledges and agrees that the risk of serious illness and death remains; and
2. Participant knowingly and freely assumes all risks and liabilities associated with the Activities described above, both known and unknown, even if arising from the negligence of OSSRC, governing soccer association, soccer clubs, or other affiliated or related entities organizing or sanctioning the Activities, and hereby assumes full responsibility for Participant's participation in the Activities; and
3. Participant agrees to comply with all rules, regulations or conditions established by OSSRC, any state, local, regional, or national governing soccer associations, the federal government, the State of Ohio, and any other state or local authority establishing rules for participation in the Activities described above. If Participant observes any violation of the rules, regulations, or conditions established by OSSRC or any other governing authority or association during Participant's presence or participation in an Activity, Participant should immediately report their concerns to the person or entity responsible for organizing or overseeing the event and should also contact and report those concerns to Ohio South SRA. If the violation of the



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rules or regulations is not addressed and corrected, Participant acknowledges and agrees that they may cease participation in the Activity and remove themselves from the premises hosting the Activity; and

4. Participant, by and on behalf of themselves and by and on behalf of Participant's heirs, assigns, personal representatives and next of kin, HEREBY RELEASES AND HOLDS HARMLESS: i) OSSRC; ii) all governing soccer associations, leagues, and clubs related to the Activities; and iii) and those entities' officers, officials, agents, employees, members, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, any owners or lessors of premises or properties used to conduct the Activities in which Participant participates, from and against any and all claims of whatever type or kind including any illness, disability, death, or other loss or damage to person or property, whether arising from negligence or otherwise, to the fullest extent permitted by law; and
5. Further, Participant expressly agrees that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which they may participate in any event or activity described herein, and that if any portion of this Waiver and Release is determined to be invalid, it is agreed that the remaining provisions shall continue in full force and effect; and
6. Finally, Participant states that they have fully and carefully read the above terms, statements, and acknowledgements and understand the contents of this Waiver and Release and signs it voluntarily and of their own free act and deed.

I CERTIFY THAT I HAVE READ THIS INFECTIOUS DISEASE WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND HEREBY SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name _____

Signature _____ *Date _____