

Maryland SoccerPlex Health Check and Waiver Form

This form must be completed and signed within 12 hours of the start of any activity held at the Maryland SoccerPlex and Adventist HealthCare Fieldhouse as a protective measure during the COVID 19 Pandemic and recovery period.

Date Completed		Time Completed	
Participants Name			
Gender		Date of Birth	
Address			
City		State	Zip
Home Phone		Mobile	
Email Address			
Emergency Contact Name			
Emergency Contact Phone			

I certify; (Please initial each statement)

	• The participant has NOT had a temperature greater than 100.4 degrees over the past 3 days
	• The participant has NOT had a documented case of COVID-19 in the last 14 days
	• The participant has NOT had any close contact with a individual who has had any symptoms related to COVID-19 or anyone with a confirmed case of COVID-19
	• The participant is currently NOT demonstrating or suffering from any illness with symptoms such as coughing, shortness of breath, sore throat, congestion, nausea and vomiting, diarrhea, headache, muscle, joint pain, sudden loss of taste or smell, or chills
	• Our family will follow all social distancing rules stipulated by the Return to Phase Policy

I, _____ (player name), as lawful consideration for myself being permitted to participate in the League, Camp, or Clinic or other activity at the Maryland SoccerPlex or Adventist HealthCare Fieldhouse. I agree that I will not make a claim against, sue, attach the property of or prosecute Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports league, camp or clinic except for liability that may arise out of the willful or wanton misconduct of Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees.

I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, **THE RISKS OF INJURY AND ILLNESS (EX: COMMUNICABLE DISEASES SUCH AS MRSA, INFLUENZA, AND COVID-19) TO MYSELF AND/OR MY CHILD FROM THE ACTIVITIES INVOLVED IN THESE PROGRAMS ARE SIGNIFICANT, INCLUDING THE POTENTIAL FOR PERMANENT DISABILITY AND DEATH, AND WHILE PARTICULAR RULES, EQUIPMENT, AND PERSONAL DISCIPLINE MAY REDUCE THESE RISKS, THE RISKS OF SERIOUS INJURY AND ILLNESS DO EXIST AS A CONSEQUENCE THEREOF.** KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS MARYLAND SOCCER FOUNDATION, ADVENTIST HEALTHCARE FIELDHOUSE, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that I am physically fit and has no known medical conditions which prohibit participation in this sport. I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic and/or other activities held at the Maryland SoccerPlex and Adventist HealthCare Fieldhouse. I understand and agree that I am responsible for the mechanical and/or operating condition of any and all sporting equipment provided by me for my use, and I agree that I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND ADVENTIST HEALTHCARE FIELDHOUSE, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees may use my child's photograph in future promotions.

Print Name	
Sign	
Date	

Typed names shall constitute a signature for forms that are completed electronically.