

COVID-19 Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM INFORMATION

Program Name: Auburn Soccer Camps Inc.
Date(s): Summer 2021
Location: Auburn University

PARTICIPANT INFORMATION

Name of Participant: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone Number: _____

I understand and acknowledge that COVID-19 is a global pandemic for which the President of the United States and the Governor of Alabama have declared emergencies. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even in the air. People reportedly can be infected and show no symptoms and therefore spread the disease and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. I further understand and acknowledge that COVID-19 is a public health risk, and Auburn University cannot prevent me from becoming exposed to, contracting, or spreading COVID-19 while participating in the above Program (hereafter "Program") on the campus of Auburn University.

With full appreciation of these facts, and in consideration for my participation, I knowingly and voluntarily assume all risks associated with my participation, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19. Participation in this Program is of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate. With full understanding of the aforementioned risks, I knowingly and voluntarily waive and release Auburn Soccer Camp Inc., Auburn Soccer Camp Inc. Personnel, Auburn University; its Board of Trustees, individually and collectively; Administrators; Faculty; Staff; and all other officers, directors, employees, and agents (hereafter "Auburn") from all present and future claims of any type for any harm or loss, including but not limited to, economic loss, personal injury, disease, death, or property damage suffered by me during my participation in this Program.

I agree to indemnify, hold harmless, and covenant not to sue Auburn for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of my participation in this Program.

I understand that my participation in this Program is voluntary and that I will at all times follow all safety requirements, policies, and guidelines of Auburn required for participation and the ones **outlined in the Information Handbook**. Failure to comply may result in denial of access to or removal from the Program.

By my signature below, I certify that I have read and fully understand this waiver and release and understand that it affects my legal rights. I understand and acknowledge that this waiver and release shall be binding on me, my heirs, family, estate, representatives, and assigns.

Participant Name: _____ Parent/Guardian Name: _____
Participant Signature: _____ Parent/Guardian Signature: _____
Date: _____ Date: _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19