



CITY OF FOUNTAIN VALLEY

COMMUNITY SERVICES DIVISION

PARTICIPANT'S RELEASE OF LIABILITY FORM

(Please Use Ink)

NAME OF PARTICIPANT: _____
(please print)

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PRIMARY PHONE: _____

EMAIL ADDRESS: _____

ACTIVITY: ADULT SOCCER BIRTHDATE: ____/____/____

RELEASE OF LIABILITY

I AM A PARTICIPANT IN THE ABOVE-NAMED FOUNTAIN VALLEY ADULT PROGRAM.

I REALIZE THAT IN ANY SPORTS ACTIVITY OF THIS NATURE THERE IS ALWAYS A POSSIBILITY OF A PARTICIPANT RECEIVING OR CAUSING SOME INJURY TO ANOTHER PLAYER. I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIM OR RIGHT TO CLAIM FOR DAMAGES IN OUR BEHALF, ANY OF THE SUPERVISORS, COMMUNITY SERVICES DIVISION PERSONNEL, AND THE CITY OF FOUNTAIN VALLEY, ITS OFFICERS AND EMPLOYEES.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending a City program, adult sports league, event and/or activity and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at a City program, adult sports league, event and/or activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City staff, volunteers, and program participants and their families. I understand and agree that this RELEASE includes any claims based on the actions, omissions, or negligence of the City of Fountain Valley, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

THIS RELEASE SHALL REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF ITS REVOCATION IS DELIVERED TO THE CITY OF FOUNTAIN VALLEY.

PARTICIPANT'S SIGNATURE

DATE