

MEDICAL RELEASE

In recognition of the possibility of physical injury associated with consideration for the Dakota United Soccer Club, Magic Soccer FC, and the Bismarck Parks and Recreation Department and their affiliates accepting the registrant for their soccer programs, I hereby release, discharge and/or otherwise indemnify the Dakota United Soccer Club, Magic Soccer FC, and the Bismarck Parks and Recreation Department, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of premises upon which the program is held, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. Player identified above has received a physical examination by a physician and has been found physically capable of participating in the program. I hereby give consent to have a doctor of medicine or dentistry, or licensed nurse or emergency technician provide myself with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of such assistance and/or treatment.

COMMUNICABLE DISEASE

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Dakota United Soccer Club (DUSC) and Magic Soccer FC (MSFC)**, their officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name	Age	Participant's Name	Age
X _____	_____	X _____	_____
X _____	_____	X _____	_____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____	_____	X _____	_____
Participant's Name	Age	Emergency Phone Number	