

# Infectious Diseases Waiver Form



I, Volunteer's Name, in consideration for being allowed to volunteer/participate on behalf of the Association Name organization and related events and activities, acknowledge, appreciate, and agree that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I do hereby release and forever hold harmless the Association Name organization and Florida Elite Football and Cheer League their officers, officials, agents, employees, and/or volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

I do hereby certify that I have read and understand the provisions in this waiver/release, including the risks associated with my presence, participation, and personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, I accept these risks and responsibilities. I consent and agree to release and agree to indemnify and forever hold harmless the Releasees for any and all liabilities incident to my presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of volunteer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_