NUWS 2021 MATCH ROSTER

Game Date: _____

Field: _____

Home Team: _____

Away Team: _____

Match Number: _____

INSTRUCTIONS:
Fill in all players on your team. Obtain signatures of all players for this game. Secure a digital copy for your Division Rep and provide a physical copy to the game referee prior to the game. Make sure to cross out those players not present.

The players listed below are properly registered with the Oregon Adult Soccer Association and appropriately playing in this match for:

Team Name: _____

WARNING: Playing while suspended will result in an additional suspension of at least one year.

					INITIAL EACH			SIGN HERE
OASA Card #	**Expiration Date**	**Player Name**	**Jersey #**	**Phone Number**	I have NOT had any COVID-related symptoms in the past 24 hours. (see list below)	I have NOT been in close contact with anyone diagnosed with COVID-19 or experiencing COVID-related symptoms in the past 14 days.	I WILL wear an approved mask, covering my nose and mouth, for the duration of the game.	**Acknowledgement & Assumption of Risk** (see below; guardian to sign for minor)

Symptom List: fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea; trouble breathing; persistent pain or pressure in the chest; new confusion; inability to wake or stay awake; pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone.

ACKNOWLEDGEMENT & ASSUMPTION OF RISK

- I acknowledge that NUWS cannot guarantee that I will not become infected with the COVID-19.
- I understand that the risk of becoming exposed to and/or infected by the COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, my teammates, my opponent, the referee, and spectators.
- I voluntarily seek to participate in NUWS activities and acknowledge doing so may increases the risk to exposure to the COVID-19.
- I acknowledge that NUWS cannot prevent me from becoming exposed to, contracting, or spreading COVID-19 while participating in NUWS activities. It is not possible to prevent against the presence of the disease.
- I hereby choose to accept the risk of contracting COVID-19 for myself in order to participate in NUWS activities. These activities are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19.

If player is a minor:

I represent and warrant to NUWS that I am the legal guardian of the named minor and I possess full legal authority to release and waive claims, indemnify NUWS and to covenant not to sue on that minor's behalf. By signing this form I am acknowledging that I am at least 18 years of age. By signing for a minor, I am agreeing that I am their parent or legal guardian and am releasing NUWS from any claims, lawsuits or responsibilities for that minor.

SPECTATORS		INITIAL EACH		SIGN HERE
Spectator Name	**Phone Number**	I have NOT had any COVID-related symptoms in the past 24 hours. (see list below)	I have NOT been in close contact with anyone diagnosed with COVID-19 or experiencing COVID-related symptoms in the past 14 days.	**Acknowledgement & Assumption of Risk** (see below; guardian to sign for minor)

MANAGERS: KEEP ON HAND FOR 60 DAYS IN CASE CONTACT TRACING IS REQUIRED

Symptom List: fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea; trouble breathing; persistent pain or pressure in the chest; new confusion; inability to wake or stay awake; pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone.

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