



**USL CHAMPIONSHIP**

**2020**

# **RETURN-TO-PLAY PROTOCOLS**

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## I. Introduction

### A. General

On March 12, the USL Championship temporarily suspended the 2020 season in light of the COVID-19 crisis and the World Health Organization's classification of the disease as a pandemic. The USL was not alone in this decision, joining every other major American sports league in ceasing play while – as a society – we grappled with how to manage the virus. Shortly thereafter, we began work putting together these Return-to-Play Protocols (these “Protocols”), which are designed to protect the health and safety of all involved.

USL consulted with a variety of stakeholders in the development of these protocols. As an initial matter, the league's Board of Governors created a “Hiatus Task Force” to dive deeply into issues related to health and safety. Members of the Hiatus Task Force were nominated by the teams and then selected based (in part) on their relationship with other leagues grappling with the same issues. Through that process, we were able to understand many of the best practices instilled by Major League Soccer, the National Basketball Association, Major League Baseball, and the National Women's Soccer League. To this end, USL also actively participated in the United States Soccer Federation's COVID-19 task force, through which it worked closely with MLS and NWSL to share best practices specific to the soccer context. The USL Players Association (“USLPA”) has also reviewed, commented on, and provided input to these Protocols. The USLPA bargaining committee has approved these Protocols and they have been ratified by its membership.

Most importantly, USL consulted early and often with a broad array of medical experts about the nature of the virus, when it would be safe to effectuate a return to play, and what protocols should be in place to mitigate risk. These experts include Dr. Jon McCullers, Sr. Executive Associate Dean of Clinical Affairs and Chief Operating Officer at the College of Medicine at the University of Tennessee Health Science Center; Dr. Howard Chrisman, the President of Northwestern Medical Group at the Northwestern Feinberg School of Medicine; and Dr. George Chiampas, the Chief Medical Officer of the United States Soccer Federation. Although no activity can ever be completely risk free, our experts agree that these protocols are reasonable and rigorous – and that moving forward under these protocols involves a medically acceptable level of risk.

If teams cannot comply with any of the requirements (e.g., because of their venue infrastructure), they should contact the league as soon as possible to devise an alternative, medically acceptable plan, which shall be subject to League Office approval.

It is also possible that, in some cases, these Protocols will be less strict than the guidance, recommendations or requirements of applicable state and local health authorities (“Health Authority Guidance”). In these cases, teams and players must comply with the Health Authority Guidance. Put differently, these protocols are intended to supplement (and not replace) Health Authority Guidance.

These Protocols remain subject to change and, as the situation evolves and we learn more about the novel coronavirus, we may update these Protocols as appropriate.

### B. Enforcement

With respect to players, these Protocols are enforceable as part of the “League Rules” and “Club Rules” with which they are required to comply in accordance with the terms of their Standard Player Contract. In accordance with the terms of the Standard Player Contract, any discipline imposed upon a player for any non-compliance with League Rules or Club Rules (including the Return-to-Play Protocols) must be reasonable. Teams shall provide notice (written or verbal) to the Player prior to the imposition of any discipline for non-compliance with these Protocols. Absent exceptional circumstances, the team shall also provide notice (written or verbal) to the USLPA-designated team representative (the “Team Rep”) prior to the imposition of such discipline. Clubs agree that, absent repeated violations, minor, inadvertent non-compliance with these Protocols shall not subject a player to discipline. If a team is unsure of the identify of its Team Rep, it should contact Brett Luy ([brett.luy@uslsoccer.com](mailto:brett.luy@uslsoccer.com)).

#### C. Contacts

If you or your medical advisors have any questions whatsoever about these Protocols, please notify the following League Office contacts via email: Brett Luy ([brett.luy@uslsoccer.com](mailto:brett.luy@uslsoccer.com)); Garrison Mason ([garrison.mason@uslsoccer.com](mailto:garrison.mason@uslsoccer.com)); and Lauren Mehta ([lauren.mehta@uslsoccer.com](mailto:lauren.mehta@uslsoccer.com)). We will answer your questions or (if appropriate) refer you to the league’s medical consultants.

## II. Social Distancing Requirements

### A. Generally.

1. Any Covered Person should generally self-quarantine, except to attend to team activities and perform essential functions such as grocery shopping, medical appointments, haircuts, personal hygiene appointments, physical therapy, drug store visits, hiking and running (subject to social distancing), banking, take-out food, auto repair, visits to governmental authority, day care and school visits. When performing essential functions, Covered Persons should wear masks and socially distance wherever practicable. As a reminder, all activities remain subject to any restrictions imposed by applicable Health Authority Guidance.
2. Except for individuals who live together in the same unit (“Roommates”), Covered Persons should socially distance from each other and from third parties wherever possible.
3. The only exceptions are in cases where social distancing is impossible or highly impracticable under the circumstances (e.g., training, matches, air travel). In such situations, these individuals should wear masks and carry individualized bottles of hand sanitizer, washing and sanitizing hands as frequently as possible. Clubs shall use good faith efforts to provide (or otherwise make available) reasonable quantities of hand sanitizer for Covered Persons to fulfill their obligations under these Protocols.

### B. Masks.

Other than during active participation in a match or training, Covered Persons should always wear masks if they are likely to come into close contact (i.e., generally within six feet) of any other individuals.

### III. Preparations

#### A. High Risk Medical Conditions/Concern About Returning.

1. The League will make educational materials about COVID-19 available to Covered Persons, including: (1) common-sense mitigation steps Covered Persons should take; (2) a list of conditions which make particular individuals at higher risk of a severe case (a “High-Risk Medical Condition”); (3) a prohibition on any Covered Person reporting to training, treatment, or any other team activity if they: (a) are feeling sick, (b) are experiencing COVID-19 symptoms, or (c) have had “Close Contact” for a “Prolonged Period” with anyone who has a diagnosed or suspected case of COVID-19. As used in this Agreement, the terms “Close Contact” and “Prolonged Period” are each as defined by the Center for Disease Control.<sup>1</sup>
2. Teams should encourage Covered Persons to contact them if they are concerned about returning to work, including because they or a Household Family Member have a High-Risk Medical Condition. As used in these Protocols, “Household Family Member” means, as to a player, his or her spouse, parent, sibling, descendant (including through adoption), or the spouse of each such natural person, in each instance with whom the Player resides.
3. Teams should consult with Covered Persons expressing such concerns, considering the possibility/advisability of putting in place additional measures to reduce their risk of exposure to COVID-19 while in team facilities or on the road with the team (e.g., additional Personal Protective Equipment (“PPE”) or social distancing measures). In doing so, teams should seek guidance from the team physician.

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<sup>1</sup> The CDC has defined “Close Contact” and “Prolonged Period” as set forth below:

Close Contact: Data are limited to define of close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

Prolonged Period: Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure but 15 min of close exposure can be used as an operational definition. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.



4. If the team and the Covered Person expressing concern identify a medically acceptable plan to mitigate risk that is agreeable to both the team and the Covered Person, this plan shall be signed by the team, the relevant Covered Person, and (as needed) the team physician or health care consultant.
5. For players, if the team and the Player expressing concern are unable to identify a medically acceptable plan to mitigate risk, the following applies (subject to the Families First Coronavirus Response Act and other applicable laws):
  - a. If a player is expressing concern because he or a Household Family Member has a High-Risk Medical Condition, the team may not require the player to play during the 2020 season. In such an instance, the team shall continue to pay the player pursuant to Section 5(b)(iii) of the Standard Player Contract.
  - b. If a player is expressing concern for a reason other than that he or a Household Family Member has a High Risk Medical Condition (e.g., because he has a generalized fear), the team and the player should negotiate in good faith for a release with respect to the 2020 season. If the team and the player are unable to negotiate a release, the team may elect for both parties (player and team) to be released of their respective obligations under the Standard Player Contract for 2020 or, in the alternative, to terminate the player's Standard Player Contract (subject to applicable laws).
6. Further, if the player is expressing concern over a High Risk Medical Condition, the team may require documentation (or other reasonable forms of evidence) confirming to the team's satisfaction that (a) such individual does, in fact, have a High-Risk Medical Condition and (b) as applicable, that the Household Family Member does, in fact, reside with the player.

**B. Establishing the List of Covered Persons.**

1. Each team should generate a list of up to forty (40) Covered Persons. Each team must send the list of Covered Persons to the League by a to-be-established deadline (which will be at least one week prior to the start of full-squad training). During the course of the season, team personnel who are not Covered Persons may not have "Close Contact" for a "Prolonged Period" with team personnel who are Covered Persons.
2. All players, *including any rostered academy players or players on loan from other teams*, are considered Covered Persons. Academy players must also sign the Waiver and Assumption of Risk<sup>2</sup> document included in Exhibit III.B.2.

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<sup>2</sup> To be created.

3. In order to add an individual to the list of Covered Persons during the course of the season, including by accepting a trialist, the team should follow the Protocols referenced in Section IX.G.

C. Return to Market.

If a Covered Person has left the home market during the hiatus period, the team physician should determine, upon such Covered Person's return, whether such Covered Person needs to be subject to an initial quarantine before interacting with team personnel (e.g., if they are returning from a high risk area) based upon applicable Health Authority Guidance.

D. PPE/Supplies.

Teams are responsible for procuring masks, hand sanitizer, and disinfecting wipes for Covered Persons for use at team-facilities and during travel, consistent with these Protocols.

E. Log.

For purposes of facilitating contact tracing, Covered Persons must provide daily records of which other Covered Persons they have come into Close Contact with for a Prolonged Period. Covered Persons must also record whether they have come into Close Contact for a Prolonged Period with any individuals (including non-Covered Persons) that were diagnosed with or otherwise experiencing symptoms of COVID-19. The Questionnaire is included in Exhibit IV.A, although teams may add additional questions as they deem reasonably necessary or advisable.

F. Health Officer.

Each team should designate one or more Health Officers, with such individuals being responsible for reviewing and implementing these Protocols in good faith, as well as for enforcing these Protocols as to his/her team's Covered Persons (players, technical staff, and others within the testing pool). One Health Officer should be a senior level executive and may not be a member of the technical staff (e.g., President, GM). The other should be in the Traveling Party (e.g., the ATC). The League will establish training/education obligations for Health Officers. In the event a Health Officer changes, the relevant team should consult the League to determine what training/education the new Health Officer should undergo.

G. Media/Appearances.

Appearances in which players or other Covered Persons would be in contact with the general public (or other persons who are not Covered Persons) are generally prohibited for the 2020 season. There is a limited exception for promotional video shoots and interviews, provided the following protocols are followed:

1. Promotional video shoots and interviews should take place in a controlled environment; no members of the general public may have access to the site where such activities are taking place (the "Site").

2. The number of people at the Site should be minimized.
3. With the exception of Roommates, Covered Persons should not come to the Site together (e.g., by carpooling). Covered Persons should maintain social distancing, as set forth in the introduction. However, if Covered Persons must ride together (due to no other practical alternatives), they should distance from each other to the greatest extent possible, wear masks throughout the trip, and ensure adequate air circulation within the vehicle.
4. All persons must socially distance (i.e., remain at least six feet apart from each other) while at the Site. This could be accomplished through, e.g., a boom mike or other mechanism.
5. All persons at the Site should wear masks unless they are on camera.
6. All persons at the Site must wash or sanitize their hands upon arrival and frequently throughout the process. Hand sanitizer and disinfecting wipes should be available.
7. The Site (including any surfaces which may be touched, e.g., door handles) should be cleaned/disinfected before and after use.
8. Equipment should be disinfected before and after each use.
9. The screening process set forth in Section IV must be followed not only for Covered Persons but also for any other person who will be present at the Site.

## **IV. Screening**

### **A. Survey.**

In general, prior to reporting to training, treatment, or any other team activity, Covered Persons should be surveyed/screened as to whether they: (a) are feeling sick, (b) are experiencing COVID-19 symptoms, or (c) have had close contact with anyone who has a diagnosed or suspected case of COVID-19. Anyone who answers affirmatively should not report and, additionally, timely consult with the team physician regarding the Quarantine, Isolation, and Testing Protocols. The Questionnaire to be used is included as Exhibit IV.A, although teams may add additional questions as they deem reasonably necessary or advisable.

### **B. Temperature Checks.**

Upon reporting to training, treatment, or any other team activity, Covered Persons shall be subject to temperature checks, to be administered by the Health Officer or such other person the team may designate. The individual administering temperature checks shall have access to appropriate PPE. Anyone with a temperature of 100.4°F or above shall immediately return home. Any Covered Person with a temperature of 100.4°F or above shall consult with the team physician regarding the Quarantine, Isolation, and Testing Protocols.

If the team believes that temperatures may be inflated due to the summer heat or walk from a vehicle, it may establish “cool down” zones adjacent to temperature check areas. These “cool down” zones are meant to allow body temperature to come down to “normal”. Individuals in the “cool down” zone must continue to socially distance, as applicable.

### **C. Home Team Checks.**

Upon reporting to activities in the home team’s market, the visiting team shall undergo temperature checks by the home team’s personnel, consistent with the process described above.

## **V. Full Squad Training and Treatment**

### **A. Timing.**

Players and other Covered Persons may report to team facilities for full-squad contact training beginning no earlier than a to-be-determined date<sup>3</sup> and only once the team complies with (i) the Protocols set forth below and (ii) any applicable Health Authority Guidance. Any team beginning training must do so pursuant to a plan that is approved by the team physician.

### **B. General Training Protocols.**

1. Training should be limited to the training facility; unless the only available option, training in the stadium is not permitted.
2. With the exception of Roommates, Covered Persons should not come to training together (i.e., they must maintain social distancing, as set forth in the introduction). However, if Covered Persons must ride together (due to no other practical alternatives), they should distance from each other to the greatest extent possible, wear masks throughout the trip, and ensure adequate air circulation within the vehicle. Additionally, except as necessary for active training, players and staff should socially distance from each other to the extent practicable during the training session. For example, players should not gather closely together to hear coaching instructions, particularly for a Prolonged Period. In these circumstances, players should be spaced out as much as practicable.
3. From the time they leave their residence for training until the time they return, players and staff should wear masks, as a best practice, except when actively training, by themselves, or only with their Roommates. This includes during team meetings, in the locker room, while on the sidelines, etc, except that players who have just completed active training may have a “cool down” period before they put on a mask, provided they are socially distanced. Wearing masks is particularly important if social distancing between those who are not Roommates is impossible (e.g., if it is necessary to carpool to training).
4. Any surfaces (e.g., benches; door handles) which players may touch during training or on their way to and from training must be disinfected prior to and after the training session. In the locker room, weight rooms, or other indoor areas where multiple players are likely to touch the same surface, surfaces should be disinfected (e.g., by wiping down with an approved cleaning product) before and after each use.
5. Use of indoor areas (e.g., weight rooms, locker rooms, and showers) should be staggered so that players have the ability to socially distance while using the facilities. Covered Persons should minimize the time spent in the locker room. To

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<sup>3</sup> This date will be decided by the Hiatus Task Force and, once decided, will be communicated to the teams.



the extent applicable, use of the locker room shall be in accordance with the locker room section of the Match Day Protocols below (Section VII.B).

6. As practicable, any doors, gates, etc. that must be passed through should be left open during the arrival and departure windows to minimize exposure via door handles.
7. Players should be provided hand sanitizer and disinfectant easily available and accessible at the facilities to clean hands and equipment. Players should sanitize their hands upon arrival to the fields and wash hands for at least 20 seconds upon arrival to any indoor area.
8. Any food or drink provided to the player should be in a pre-packaged disposable container, not for re-use. It should be set aside in advance for the player to pick up without him having to come into contact with anyone.
9. Where practicable, players should bring their own equipment. Any equipment provided by the team should be either one time use or disinfected by the team prior to each use and then provided to players on a grab and use basis during the training session. E.g., no shared pennies, water bottles should be one time use; balls to be disinfected.

#### C. Treatment Protocols

1. Except as necessary for hands-on treatment, treatment must be structured so that all participants can socially distance from all others from arrival to departure. Training tables must be at least six feet apart from each other
2. Within a given specialty, the same staff should continue to work with the same player (i.e., no cross-over).
3. The treatment room and any surface that could be touched from the parking lot to the treatment room must be disinfected prior to and after each session.
4. Equipment should be disinfected or discarded before and after each session.
5. Any doors that must be passed through should be left open during the arrival and departure windows to minimize exposure via door handles.
6. Each person arriving in the treatment room should wash their hands for at least 20 seconds.
7. Staff should utilize appropriate PPE during treatment.

#### D. Facility Access

1. Teams must prevent non-Covered Persons from being present at the fields or in any area where Covered Persons may go during training or treatment (e.g., it is

not permissible to have a youth team in the same part of the facility at the same time the USL team is training).

2. If non-Covered Persons are present at the facility at different times, the team must have assurances that any areas of the facility where Covered Persons will go will be disinfected before team personnel arrive.

E. Weight Room Protocols.

1. Covered Persons will only be present in the weight room along with others from their training group.
2. Covered Persons must socially distance while in the weight room. Each club must establish a maximum capacity for its weight room which allows for social distancing.
3. Arrival and departure must be scheduled so that Covered Persons can socially distance from each other on their way in and out.
4. Disinfecting wipes and hand sanitizer shall be present throughout the weight room. Players should wipe down each piece of equipment before and after each use and sanitize hands upon arrival and frequently.
5. The weight room shall be disinfected before and after each group's use.
6. Players reporting to the weight room should come wearing any clothes, equipment, towels, etc. they will need, and they will be responsible for bringing these items home with them for disinfection. Teams may provide single use items (e.g., water bottles) and training monitors, provided that training monitors must be thoroughly disinfected before and after every use. Water fountains may not be used.
7. Doors, windows, etc. should remain open in an effort to minimize touch and maximize ventilation.
8. Teams could consider using HEPA filtration units to assist with ventilation.
9. Teams could consider moving certain aspects of their weight room outdoors if space allows.
10. At the end of training, players should leave promptly, showering at home and not at any club facility.

F. Cleaning Protocols.

1. In addition to the other cleaning protocols outlined in this document, teams must develop a sanitation plan, which, at a minimum, complies with applicable Health Authority Guidance regarding cleaning.

2. Teams should consider increasing cleaning frequency, utilizing a dedicated staff to perform cleaning, disinfecting, and sanitization at regular intervals. This staff should be trained and provided the equipment necessary (such as cleaning supplies and PPE) to conduct cleaning services in accordance with applicable Health Authority Guidance.

## **VI. Visiting Team Training Prior to Match Day**

### **A. Protocols for Visiting Team Training.**

As set forth in the Operations Manual, the visiting team may train in the opposing market prior to a match. Any visiting team training must take place at the home team's facilities in order to ensure that the Protocols set forth in this Section VI are followed.

### **B. Walk-Throughs.**

Traditional team (day before) walk-throughs should be suspended, except that the Health Officer of the visiting team may have a pre-match walk through to familiarize himself/herself with the processes and procedures that the team will be following.

### **C. Requesting Use of Training Facility.**

The visiting team must request to utilize the home team's training facility at least fourteen days prior to the match. Between the two teams, a mutually agreed upon training time will be designated. Training should be limited to the training facility; training in the stadium is not permitted unless it is the only available option.

### **D. Maintaining Social Distance.**

1. To the extent possible, and except as necessary for active training, the away team's players and staff should maintain social distancing on the way to the training facility and throughout the day (including on the bus). The most direct path from the team's bus to the training field must be identified and communicated to the visiting team.
2. From the time they leave their hotel rooms for training until the time they return, the away team's players and staff should wear masks except when actively training, except that players who have just completed active training may have a "cool down" period before they put on a mask, provided they are socially distanced.
3. Any surfaces (e.g., benches; door handles) which players may touch during training or on their way to and from training must be disinfected prior to and after the training session.
4. As practicable, any doors, gates, etc. that must be passed through should be left open during the arrival and departure windows to minimize exposure via door handles.
5. Players should be provided hand sanitizer and disinfectant easily available and accessible at the facilities to clean hands and equipment. Players should sanitize their hands upon arrival and regularly throughout the session.

6. Any food or drink provided to the player should be in a pre-packaged disposable container, not for re-use (e.g., water bottles). It should be set aside in advance for the player to pick up without him having to come into contact with anyone.
7. Where practicable, players should bring their own equipment. Any equipment provided by the away team should be either one time use (e.g., water bottles) or disinfected by the team prior to each use (e.g., soccer balls, GPS monitors) and then provided to players on a grab and use basis during the training session.
8. Non-essential personnel and spectators may not be present at the fields or otherwise in any part of the facility that the away team will use during the designated training slot Spectators may not be present.
9. Outside of restrooms, the away team is not permitted to utilize any of the home team's indoor facilities such as the weight room, locker room, cafeteria, training room, etc. If a player does utilize the restroom, they must practice proper hand hygiene and wash with warm water and soap for at least 20 seconds.
10. Following the training session and after arriving at the hotel, players must change into clean clothes. Teams should ensure that contact points are limited between the dirty clothes and the equipment manager, either by ensuring (a) that the equipment manager is wearing appropriate PPE or (b) that training gear is placed directly into a laundry bag and placed in a laundry cart in the hotel hallway.

E. Home Team Obligations.

1. The visiting team may bring its own balls and, if it does, has the responsibility to keep them sanitized. If this is not practicable (e.g., if the visiting team is flying), the home team is required to provide to the visiting team a minimum of twelve pre-sanitized soccer balls to utilize during their training session. Although the home team is responsible for sanitizing the balls initially, the visiting team is responsible for keeping the balls sanitized until they are returned to the home team.
2. If the home team provides balls, the visiting team is required to keep them for the duration of its time in the market, utilizing them for any other training sessions as well as match day warm-up purposes.
3. Following any usage on matchday, the visiting team must sanitize the soccer balls and place them back into the ball bag before returning them to the home team.
4. The home team is required to provide the visiting team with no fewer than 48 single-use water bottles at a minimum size of 16.9 oz and 24 single-use electrolyte beverage bottles at a minimum size of 16.9 oz. It is recommended that teams provide a mechanism for recycling given the increase in single-use plastic.
5. The visiting team is responsible for bringing its own medical equipment (tape, etc.), except that the home team must provide the AED defibrillator device.



6. The visiting team is responsible for bringing its own training gear (cones, bibs, etc.). The visiting team is also responsible for disinfecting such gear prior to use.
7. The home team is responsible for providing disinfectant and hand sanitizer for the visiting team at easily-accessible locations.
8. The home team must ensure that the facility and any surfaces which the away team may encounter during training are thoroughly cleaned and disinfected prior to the away team's arrival and following their departure.

## **VII. Match Day Protocols**

### **A. Arrival to Venue**

1. Team arrivals to the venue must be completely separate, with no overlap or cross-intersection. The only exception to this policy is if teams enter and access their locker-rooms through completely different ingress points. It is required to space out the arrival times of the referees, home team, and visiting team.
2. Even within each team, social distancing should be observed to the extent practicable, except on the field during match play. Covered Persons on the away team should socially distance on the bus on the way to the match. Except for Roommates, Covered Persons on the home team should not arrive at the match together. However, if Covered Persons must ride together (due to no other practical alternatives), they should distance from each other to the greatest extent possible, wear masks throughout the trip, and ensure adequate air circulation within the vehicle.
3. From the time they leave their residence/hotel for the match until the time they return, where practicable, players and staff should wear masks except when actively playing in the match (e.g., in team meetings, in the locker room, on the sidelines), except that players who have just come off the field may have a “cool down” period before they put on a mask, provided they are socially distanced. This is particularly important in any situation where social distancing is not observed.
4. Any surfaces (e.g., benches; door handles) which players or staff may touch on match day must be disinfected immediately prior to the match. If there are indoor areas where multiple players are likely to touch the same surface, surfaces should be disinfected (e.g., by wiping down with an approved cleaning product) before and after each use.
5. As practicable, any doors, gates, etc. that must be passed through must be left open during the arrival and departure windows to minimize exposure via door handles.
6. Each team should be provided with hand sanitizer and disinfectant that is located in easily accessible areas (e.g., placed periodically throughout the back of house areas and, specifically, outside of the locker room). Players and staff should disinfect their hands upon arrival and as frequently as practicable.

### **B. Locker Rooms**

1. Teams should arrive to the locker rooms no earlier than thirty minutes prior to warmups, in an effort to restrict the time spent in a confined space. Home and visiting team entrances to the locker rooms should be staggered to minimize proximity and adhere to the social distancing requirement. Entrance times will be communicated via the gameday timeline.

2. When possible, players should arrive to the venue in their warmup gear to minimize the time needed in the locker room.
3. Doors to the locker rooms must be left open to minimize exposure.
4. Players and staff should adhere to the six foot social distancing requirement from the time they enter the locker room until the time they leave (including during team meetings, to the extent practicable). If additional locker room space is available adjacent to the traditional team and referee locker rooms, that space should also be utilized. Alternatively, use of the locker rooms should be staggered so that players have the ability to socially distance while using the facilities.
5. Players and staff must wear masks when in the locker room.
6. All locker rooms (including restrooms) must be fully disinfected and sanitized prior to team/referee arrivals on match day and following departure. From the time cleaning is completed until the time the team/referees depart, no persons who are not in the Testing Group may be present in the locker rooms.
7. If shower facilities are used, they must be used in accordance with social distancing guidelines.
8. Towels provided must be clean and, once used, towels should be placed directly into a laundry bin.
9. Ice baths, hot tubs, saunas, and communal fixtures such as television remotes, game tables, video games, coffee machines, etc. may not be used.
10. Any individual who is scooping ice from a shared ice machine must use disposable, single-use gloves or, alternatively clean the handle of the ice scooper prior to and after each use. Ice should be primarily used for injury treatment, as cold water is available through single use bottles.
11. If possible, regular treatments (e.g., taping) should take place at the hotel or in the training room. If this is not possible, training tables may only be used in the locker room if social distancing requirements continue to be satisfied. If this is not possible, an alternative space must be identified for the training table. Further, training tables must only be used pursuant to the following Protocols:
  - a. Prior to treating a player, the trainer and player must disinfect their hands (using hand sanitizer or by washing hands with warm water and soap for at least 20 seconds) and any equipment that will be used during the treatment session (including the training table).
  - b. The player and trainer must both wear a mask during treatment.
  - c. A clean towel must be utilized as a barrier on the table.

- d. Following treatment, the trainer and the player must again disinfect their hands (using hand sanitizer or by washing hands with warm water and soap for at least 20 seconds) and any equipment that was used during the training session (including the training table).
- 12. Any food provided in the locker room should be in a pre-packaged disposable container, not for re-use. It should be set aside in advance for the player to pick up without him having to come into contact with anyone.
- 13. Players and/or staff should not eat in the locker room but rather should take meals back to their hotel/residence.
- 14. Any drink provided in the locker room should be in a single-use bottle.
  - a. Visiting Team Locker Room Minimums:
    - i. 72 bottles of 16.9 oz water
    - ii. 48 bottles of 16.9 oz electrolyte drink
  - b. Referee Locker Room Minimums:
    - i. 10 bottles of 16.9 oz water
    - ii. 10 Bottles of 16.9 oz electrolyte drink
- 15. Following the match, players and team staff must stagger their locker room exits to comply with social distancing requirements. The most direct path from the locker room to the transportation option must be identified and communicated before the match.
  - a. As practicable, all doors, gates, etc. must be propped open for the players.
  - b. Masks must be worn during stadium egress.

C. Pregame/Warmups

- 1. When exiting the locker room for warmups, players and staff should exit at staggered times to comply with social distancing requirements. Depending on field entrance location, the team that needs to go to the far side of the field would enter first and exit last. If possible, teams can enter the field simultaneously if there are tunnels on opposite ends of the field.
- 2. Warm up balls provided to both teams must be fully disinfected prior to usage. Following warmups, teams must place all balls directly in their respective bags.

3. Pregame meeting/roster exchange must take place under the following parameters:
  - a. Only the team administrator from each team and the center referee are needed;
  - b. All parties must wear masks at the meeting; and
  - c. The coin toss will take place at the pregame meeting. This allows the on-field designations to be determined prior to both teams taking the field.
4. When exiting the field from warmups, depending on the field tunnel location, the team closest will exit first and the team furthest will exit last. Upon the conclusion of warmups, social distancing should resume. If possible, teams can exit the field simultaneously if there are tunnels on opposite ends of the field.
5. Laundry baskets should be available for teams to dispose directly of warm up uniforms to limit contact with the equipment manager.

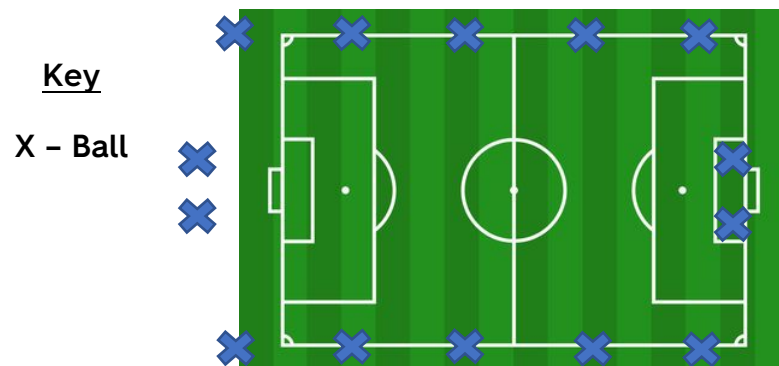
D. Procession

1. When exiting the locker room for the match, players and staff should exit at staggered times to comply with social distancing requirements. Exact timing will be communicated via the gameday timeline.
2. For consistency purposes, teams will exit in the following order:
  - a. Referees first
  - b. The team needing to go to the far side of the field second (including reserves and technical area staff)
  - c. The team needing to go to the near side of the field last (including reserves and technical area staff)
3. Upon entering the field, the staff and reserves will walk directly to the technical area while the starting players and referees will take their place on the field.
  - a. Player escorts are not permitted.
  - b. Teams will observe the National Anthem from these locations.
4. There will not be team photos or handshakes.
5. Team huddles prior to kickoff are not permitted.

E. In-Game Operations



1. Only essential staff are permitted to be field level during the match.
2. All persons at field level not actively playing in the match must wear masks, except that players who have just come off the field may have a “cool down” period before they put on a mask, provided they are socially distanced.
3. Players and staff must socially distance from each other in the technical area:
  - a. If possible, the team should extend the seating (supplemental benches) and technical areas to accomplish this measure.
  - b. If the match is played without fans, stadium seating can be utilized if immediately adjacent and accessible to the technical area.
4. Hand sanitizing stations must be placed in both technical areas. Players should sanitize their hands following their exit from the field of play or prior to entering the field of play during substitutions.
5. Following the first half and conclusion of the match, the parties must exit the field in a staggered form, ensuring social distancing in the tunnel or back-of-house areas.
6. Any jersey removed must be placed immediately and directly into a laundry basket in an effort to minimize contact with the equipment manager.
7. Match balls must be properly sanitized and disinfected prior to the match. In lieu of ball retrievers, balls must be stationed around the field, at least 1 yard from the touchlines, pursuant to the diagram below. Ball retrieval duties are to be performed by a Covered Person on the home team’s operations staff. Except where such would interfere with the flow of the match, ball retrievers should disinfect balls prior to putting them back into play. Staff must be in masks.



8. In-game warm up areas must be positioned sufficiently remote from fans. If the warmup area is proximate to the stands, those rows must be closed to ensure distancing between the fans and the players.

9. When a substitute enters the match, he must place his bib directly into a laundry bag. Cleaned and sanitized bibs must be available in a separate bag for players to use that have come off the field of play.
10. The fourth officials' or sideline table is limited to two seated individuals, seated at either end of the table.
11. Ejected players and staff are still to be escorted off the field by a security staff member. All else being equal, a 6 foot distance should be kept between the security guard and the ejected individual. Security guards must wear masks.
12. Following the first half and final whistle, referees are still to be escorted off the field by a security staff member (who shall wear a mask). All else being equal, the security staff member should keep six feet of distance between himself and the referees.
13. There will be higher penalties from the League for actions such as approaching referees, mass confrontation of referees, and other similar actions.
14. Covered Persons are discouraged from hugging, high fiving, etc., during or after the match.
15. Similarly, after the match, Covered Persons should immediately put on masks, should not exchange jerseys, and should limit the interactions amongst themselves.

F. Scrimmage Protocols.

1. Each team may schedule up to two (2) scrimmages throughout the 2020 season.
2. Scrimmage opponents are limited to teams participating in USL Championship, USL League One, and Major League Soccer. Any person participating in the scrimmage or in Close Contact with players during the scrimmage must be subject to a testing, quarantine, and isolation regime at least as rigorous as the testing, quarantine, and isolation regime set forth in Section IX.
3. Teams wishing to schedule scrimmages during the pre-season must test Covered Persons on a weekly basis (as if they were in the regular season) as opposed to on a bi-weekly basis (which would otherwise be allowed during the pre-season).
4. Scrimmages should be conducted in accordance with the Match Day Protocols set forth in this Section VII to the extent they are applicable.

## VIII. Travel

### A. Bus Travel

1. Travel Between Markets. Ground (bus) transportation is mandatory for any trips of 500 miles or less. Members of the Traveling Party shall sit at least six feet apart, except that Roommates may sit together on the bus. Generally, this will mean that there will be only one person or group of Roommates per row, alternating sides by row. *See Exhibit VIII.A.1.* If a team can fit members of the Traveling Party on one bus while still maintaining social distancing, it may do this after applying to the League. The application shall include a map of where each player will sit on the bus. However, until the League approves an exception, teams are required to utilize two buses. **Members of the Traveling Party must wear masks while on and around the bus (e.g., while getting their luggage).**
2. Local, Out-Of-Market Travel. For local, out-of-market travel (e.g., traveling between the airport and the hotel or the hotel and the stadium), the visiting team may provide only one 50+ person bus if it chooses (vans are not permitted). The same buses (and drivers) must be used throughout the team's stay. **Members of the Traveling Party must wear masks while on and around the bus (e.g., while getting their luggage).**
3. Guidance for Bus Drivers and Bus Companies. The following guidance is applicable to bus companies/bus drivers. When booking buses, STM will incorporate these requirements into the applicable bus contracts. If teams notice that a bus company has deviated from these protocols, they should contact the League or STM.
  - a. The bus should be cleaned and sanitized before and after every trip, including (if applicable) any trips between the hotel and the stadium on the same day.
  - b. Prior to boarding, drivers should be subject to temperature/symptom and exposure screening. If the driver has a temperature or symptoms, or has been exposed to COVID-19, they should not board the bus, and the bus company should provide another driver.
  - c. Drivers should wear masks while on the bus.
  - d. Drivers should not load or unload luggage or equipment on or off the bus.
  - e. Teams should consider having the bus take short breaks of 10-15 minutes approximately every two hours, during which time the doors (and windows, if available) should remain open to ensure adequate air circulation.

- f. To the extent drivers park on-site and stay during the game, drivers must follow strict social distancing guidelines, adhere to the team's approved cleaning and hygiene protocols, remain in private areas without interacting with other people, and clean and sanitize the bus prior to re-accepting the Traveling Party for the return trip.

## B. Air Travel

1. With the exception of Roommates, Covered Persons should not travel to the airport together (i.e., they must maintain social distancing, as set forth in the introduction). However, if Covered Persons must ride together (due to no other practical alternatives), they should distance from each other to the greatest extent possible, wear masks throughout the trip, and ensure adequate air circulation within the vehicle. Bus travel should be in accordance with the guidelines in Section VIII.A above.
2. Members of the Traveling Party must wear masks from the time they exit their residence until the time they arrive at their hotel (unless alone or only with Roommates). During such period, members of the Traveling Party must use their best efforts to practice social distancing (including with respect to other members of the Traveling Party), conduct frequent hand-washing and otherwise use best efforts to remain sanitized. Teams shall provide each member of the Traveling Party with an individualized bottle of hand sanitizer and disinfecting wipes prior to air travel.
3. All flights should be configured to provide as many empty seats or rows, and free space between members of the Traveling Party (and similarly, between members of the Traveling Party and other passengers) as possible, with the understanding that flight capacity may vary, and this may not be practicable.
4. Members of the Traveling Party shall not avail themselves of any food or drink options on the airplane. At the airport, members of the Traveling Party may only purchase individually wrapped "grab and go" food and drink.

## C. Hotels

1. Requirements for Home Teams. Home teams may use previously-contracted hotels, provided that such hotels utilize appropriate COVID-19 sanitation and cleaning procedures and meet the following minimum requirements.
2. Guidance for Hotels. The following guidance is applicable to hotels. When booking hotels, STM will incorporate these requirements into the applicable contracts. If teams notice that a hotel has deviated from these protocols, they should contact the League or STM.
  - a. Where possible, hotels should reserve a sufficient number of rooms for members of the Traveling Party on lower floors such that stairs, and not elevators, can be used for leaving and returning to rooms.



Rooming blocks should ensure that the Traveling Party is isolated in the hotel, which should not book other visitors on the same floors that are reserved for the team.

- b. Hotel staff must refrain from cleaning the interior of hotel rooms assigned to members of the Traveling Party for the duration of the Traveling Party's stay. Rooms must be stocked with extra towels and toiletries prior to arrival.
- c. Any meeting room which the team will use to have meals or for other purposes while in the hotel ("Sanitized Room") (including its tables, chairs, walls and carpet) must be fully disinfected prior to the team's arrival and daily while onsite.
- d. Hotels should provide a Sanitized Room in a private location of the hotel (e.g., conference room, lounge, etc.) for use by members of the Traveling Party. Kitchen staff must wear full PPE during any meal preparation. Meals are preferably either plated or individually packaged (grab-and-go). If the meal is served "buffet-style", hotel staff in full PPE shall serve the food to members of the Traveling Party to limit the number of hands touching the food. Any plates or silverware to be used must either be individually set at tables by hotel staff or distributed directly to members of the Traveling Party (as opposed to each member taking his plate or silverware out of a stack). Traveling Party members must wash their hands before and after each meal.
- e. Hotel staff must wear masks and ensure that the key cards (and the equipment used to create the key cards) are disinfected prior to issuance. Hotels shall also ensure that appropriate sanitation procedures are followed with regards to who touches key cards/key packets prior to being picked up by a Traveling Party member. All paperwork must be shared electronically, and no printed materials may be given to members of the Traveling Party. No members of the Traveling Party should visit the front desk upon departure, and check-out procedures (including key returns and the payment of incidentals) should be handled remotely.
- f. Hotels must ensure that all staff who interact with the Traveling Party wear appropriate PPE during such interactions. Hotels must agree that touchpoints in areas through which the Traveling Party passes will be cleaned with disinfectant several times per day.

D. Requirements for Members of the Traveling Party.

1. Except for Roommates, who may share a room, all members of the Traveling Party must have their own room. Members of the Traveling Party may not make separate public or private housing arrangements while on the road.
2. Except for Roommates, to the extent members of the Traveling Party eat together in the hotel, they should sit with at least six feet of space between them (e.g., all in a row facing the same direction (not each other) with spaces between them).
3. Members of the Traveling Party are not permitted in public areas of the hotel, except as reasonably necessary to travel to a Sanitized Room or their respective hotel rooms. While in elevators and public areas, members of the Traveling Party must wear masks at all times.
4. The Traveling Party may not utilize the fitness center, pool, sauna or other shared hotel facility during their stay at a hotel.

## **IX. Monitoring, Testing, Quarantine, and Isolation**

### **A. Testing Set-Up.**

Once a testing partner is established, teams will need to be set up to comply with instructions from that testing partner regarding test administration. These may include (without limitation): (i) regulations around the testing sites; (ii) personnel to administer the test; (iii) PPE; and (iv) shipping.

### **B. Quarantine/Isolation Set-Up.**

Each team needs to develop a plan for how they would isolate/quarantine a person for whom isolation or quarantine is indicated while that person is in the team's market – e.g., by working with a hotel or apartment partner, depending on the circumstances. This plan must account for what would happen if personnel from another team need to be quarantined or isolated while on the road in the team's home market. Quarantine/Isolation Set-Up plans must be submitted to the League prior to the start of the season. Any direct, out-of-pocket costs associated with quarantining/isolating a Covered Person pursuant to such a plan shall be the responsibility of the Covered Person's team. If the visiting team is able to provide a plan for the Covered Person to return to their Home Market without unnecessarily exposing other individuals to the virus, such plans may be provided to the League Office and will be considered on a case-by-case basis.<sup>4</sup>

### **C. Treatment Set-Up.**

Each team needs to develop a plan for obtaining immediate treatment (if necessary) for a person in need while in the team's market – e.g., by working with a medical provider. This plan must account for what would happen if personnel from another team need immediate treatment while on the road in the team's home market. Treatment Set-Up plans must be submitted to the League prior to the start of the season. Direct, out-of-pocket costs of treating a Covered Person pursuant to such a plan shall be the responsibility of the Covered Person's team.<sup>5</sup>

### **D. Away Market Plan.**

Each team needs to develop a plan for determining who would stay behind to handle the day-to-day needs of a Covered Person who, because of quarantine or isolation, had to remain in an away market after the departure of the rest of the team. These plans must be submitted to the League prior to the start of the season. Costs are the responsibility of the Covered Person's team.

### **E. Testing**

1. At least three days prior to the resumption of contact training (including any full-squad contact training), all Covered Persons shall report to the testing site for a PCR test. Full-squad contact training shall not resume until the results of such

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<sup>4</sup> Reimbursement process between the home and visiting clubs is still to be determined.

<sup>5</sup> Reimbursement process between the home and visiting clubs is still to be determined.

tests are reported. Thereafter, until the resumption of matches (including the resumption of inter-squad scrimmages), Covered Persons shall report to the testing site for a PCR test once every two weeks.

2. At least three days prior to the resumption of the competition or inter-squad scrimmages, all Covered Persons must report to the testing site for a PCR and antibody test (although, as of June 19, due to revised EEOC guidance, Covered Persons may decline to take the antibody test without repercussion).<sup>6</sup> Covered Persons may not participate in matches until the results of the PCR test are reported. Thereafter, during the remainder of the season, Covered Persons shall report to the testing site for a PCR test at least once per week, with the general rule being once per week unless circumstances require more frequent testing.<sup>7</sup>
3. The results of a Covered Person's tests shall be shared with and explained to him or her by the team physician. Results of any player tests must be kept in the player's Medical File (as defined below) and shared only in accordance with Section IX.F.2 below.
4. If any Covered Person is identified as (a) feeling sick; (b) experiencing the symptoms of COVID-19 (e.g., a temperature); or (c) having had Close Contact for a Prolonged Period with any diagnosed or suspected case of COVID-19, they shall immediately self-quarantine and consult with the team physician about next steps (which may include one or more PCR tests on an expedited basis). Such individuals should continue to self-quarantine in accordance with the guidelines set forth in Sections IX.H.2 and IX.H.3, as applicable.
5. If a team is using a local testing provider to perform PCR tests during the season, teams shall use good faith efforts to limit the use of the nasopharyngeal test (i.e., the long nasal swab) whenever practicable. For avoidance of doubt, however, this recommendation always remains subject to applicable Health Authority Guidance and any recommendations of the team physician or other health experts.
6. Teams (and preferably the team physician) must meet with Covered Persons to discuss the testing process and answer applicable questions. Such meetings may occur in a group (via web or other conference mechanism) or on a one-on-one basis.
7. Referees shall be tested on a schedule established in consultation with the Professional Referees Organization.

#### F. Medical File.

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<sup>6</sup> PCR tests may be needed less frequency for individuals who test positive for COVID-19 antibodies.

<sup>7</sup> PCR tests may be needed less frequency for individuals who test positive for COVID-19 antibodies.

1. The team must keep any medical information collected by the team from or about any Covered Persons in a confidential medical file, to be maintained, transmitted, and disposed of in accordance with applicable law (“Medical File”).
2. Without limiting the rights or obligations of the League, teams, or players set forth elsewhere in a Standard Player Agreement, each Covered Person may be required to execute such documents as may be reasonably required to release medical information reasonably related to COVID-19, in each instance solely to a Permitted Recipient for a Permitted Purpose. For avoidance of doubt, such medical information should not be disclosed, even to a Permitted Recipient, unless such disclosure is for a Permitted Purpose. As used herein:
  - (a) “Permitted Recipients” means (in each instance, solely for a Permitted Purpose): (i) other individuals with whom the Covered Person was likely to have come into contact; (ii) the medical staffs of other teams who employ individuals with whom the Covered Person was likely to have come into contact; (iii) the teams workers’ compensation insurance carrier and to team personnel as needed to process workers’ compensation claims or otherwise assess or offer benefits; (iv) such other entities or individuals (including, as applicable, League or team personnel) as reasonably necessary or advisable to administer or comply with the Protocols, provided such entities or individuals are covered by confidentiality obligations; and (v) such other individuals or entities as may be required by law.
  - (b) “Permitted Purpose” means for the purpose of (i) informing those individuals with whom the Covered Person was likely to have come into contact to watch for potential signs of COVID-19 or (ii) ensuring that other Covered Persons or staff do not unnecessarily or unknowingly come into contact with the Covered Person or (iii) obtaining workers compensation or other insurance coverage (or reimbursement) for costs associated therewith; (iv) administering or complying with the Protocols or (v) complying with applicable law .
2. The League or a team may require a player to provide them with information on his health insurance (if any) in connection with any COVID-19 testing (or potential COVID-19 testing). Players must cooperate with any reasonable requests of the League or team to help ensure that any costs related to such testing are covered (in whole or in part) by any such insurance coverage or by any other programs which may be reasonably available to cover some or all of such costs.

G. New Covered Persons.

1. In order to add an individual to the list of Covered Persons (a “New Covered Person”), a team should immediately inform the League. Such individual should immediately report to the testing site for a PCR and antibody test (although, as of June 19, due to revised EEOC guidance, Covered Persons may decline to take the

antibody test without repercussion). New Covered Persons may not participate in team activities until the results of such tests are reported.

2. Any trialist or other person who is not in the testing group but who the team wishes to enable to have Close Contact for a Prolonged Period with Covered Persons must be treated as a New Covered Persons. Teams should be aware that this will result in a waiting period while test results are being processed.

#### H. Quarantine/Isolation

1. Any Covered Person should generally self-quarantine, except to attend to team activities and perform essential functions such as grocery shopping, medical appointments, haircuts, personal hygiene appointments, physical therapy, drug store visits, hiking and running (subject to social distancing), banking, take-out food, auto repair, visits to governmental authority, day care and school visits. When performing essential functions, Covered Persons should wear masks and socially distance wherever practicable. As a reminder, all activities remain subject to any restrictions imposed by applicable Health Authority Guidance.
2. Any individual who tests positive or is otherwise diagnosed with COVID-19 will isolate until they recover. They will receive daily communication and remote care from the team medical staff, including follow-up testing, where appropriate. If a Covered Person is out of market when they test positive or are otherwise diagnosed with COVID-19, they shall be taken care of in accordance with the relevant Quarantine/Isolation Set-Up, Treatment Set-Up, and Away Market Plans referenced above in Sections IX.B, IX.C, and IX.D, respectively. Such individuals may return to team facilities or interact with other Covered Persons only once: (a) ten days have passed since the positive test; (b) they are completely asymptomatic and have been so for at least three days; and (c) they have been cleared to return to work by the team physician (who shall issues such clearance through a signed document). For the avoidance of doubt, prior to clearing an individual to return to work, the team physician may determine it is advisable to perform additional PCR tests on an expedited basis or extend the isolation period.

Even after having been cleared, the individual should be especially cognizant of wearing a mask at all times (including while outside of team facilities), except while on the field.

3. Covered Persons who have had Close Contact for a Prolonged Period with a person with a diagnosed or suspected case of COVID-19 shall also immediately self-quarantine and consult with the team physician, who may order one or more PCR tests on an expedited basis. Roommates are inherently deemed to have been in Close Contact for a Prolonged Period with one another. Such individuals may return to team facilities or interact with other Covered Persons only once: (a) after waiting 72 hours after the close contact occurred, they have tested negative for COVID-19; (b) if a second PCR test is ordered by the team physician, they have tested negative again; (b) they are completely asymptomatic and have been so for

at least three days; and (c) they have been cleared to return to work by the team physician (who shall issues such clearance through a signed document). For the avoidance of doubt, prior to clearing an individual to return to work, the team physician may determine it is advisable to perform additional PCR tests on an expedited basis or extend the quarantine period.

Even after having been cleared, the individual should be especially cognizant of wearing a mask at all times (including while outside of team facilities), except while on the field.

4. For any person experiencing symptoms, the team physician will determine whether (a) a test is warranted; (b) a period of quarantine is warranted; or (c) neither is warranted. The team physician will also determine whether additional protections (e.g., additional PPE) are warranted.
5. Any Covered Person with symptoms (or who has been in Close Contact for a Prolonged Period with a diagnosed case) must self-quarantine until the results of the test are returned. If the symptomatic individual has a Roommate, the Roommate must also self-quarantine. Results should be returned within 72 hours.
6. Covered Persons shall, in addition to the foregoing, comply with any quarantine or isolation periods (or other related orders) from health authorities, or that may be applicable under applicable Health Authority Guidance.

#### I. Regular Reporting Protocol

1. Teams should continue to use the Standard COVID-19 Reporting Form to indicate the number of Covered Persons who (a) to the team's knowledge, have been tested for COVID-19; (b) are currently under quarantine; or (c) are isolating because of a positive COVID-19 diagnosis.
2. Each Wednesday, Standard COVID-19 Reporting Forms should be submitted via Adobe Acrobat if possible. If not, please submit to Clare Glenn ([Clare.Glenn@uslsoccer.com](mailto:Clare.Glenn@uslsoccer.com)).

#### J. Positive Test Protocol

In the event of a diagnosed case of COVID-19, in coordination with local health officials (where applicable), a team must:

1. Follow the Quarantine/Isolation Protocols set forth in Sections IX.H.2 above, which requires (in part) that such Covered Persons immediately cease any further interaction with any other Covered Persons.
2. Immediately review the logs required by Section III.E to identify any other Covered Persons which have had Close Contact within the preceding 7 days for a Prolonged Period. For such Covered Persons (inherently including any Roommates of the diagnosed individual), the team must follow the



Quarantine/Isolation Protocols set forth in Section IX.H.3 above, which requires (in part) that such Covered Persons also immediately cease any further interaction with any other Covered Persons.

3. As promptly as possible, the team should also conduct a contact tracing investigation to confirm that the only Covered Persons who were in Close Contact within the preceding 14 days for a Prolonged Period were those Covered Persons identified in the logs. Note that health authorities may conduct contact tracing investigations as well, and the results of any contact tracing investigations conducted by health authorities shall control.
4. Notify those individuals that they have been exposed to a diagnosed case of COVID-19 and that they need to self-quarantine. In providing this information, do not reveal the name of the individual who tested positive. For each such Covered Person, follow the process set forth above in subsection 3 above.
5. Immediately notify all four of the following League Office contacts via email: Brett Luy ([brett.luy@uslsoccer.com](mailto:brett.luy@uslsoccer.com)); Garrison Mason ([garrison.mason@uslsoccer.com](mailto:garrison.mason@uslsoccer.com)); Lauren Mehta ([lauren.mehta@uslsoccer.com](mailto:lauren.mehta@uslsoccer.com)); and Ryan Madden ([ryan.madden@uslsoccer.com](mailto:ryan.madden@uslsoccer.com)). Do not reveal the name of the infected individual in this communication; simply state that “a player” or “a staff member” has tested positive.

In addition, the team should take the following steps to further mitigate the risk of transmission to others:

6. Close any team-controlled areas where the individual who tested positive has recently been for a period of at least 24 hours so that enhanced cleaning may be conducted, and notify other teams whose facilities may have been exposed;
7. The team physician should notify the local health department in a manner consistent with Health Authority Guidance;
8. Reinforce the importance of enhanced hygiene by all individuals throughout the organization; and
9. Provide immediate Roommates of any infected individual with testing options, additional PPE (e.g., masks, disposable gloves), and health guidance.

## **X. Stadium Operations**

### **A. General**

Unless a Protocol in this Stadium Operations section is explicitly noted as mandatory, these Protocols are only to serve as a set of best practices. As with the rest of the Protocols, however, teams must continue to comply with applicable Health Authority Guidance.

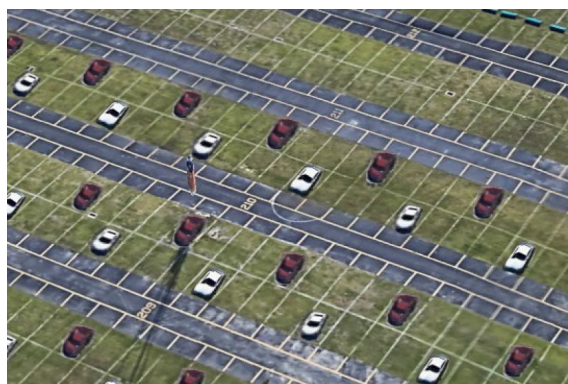
### **B. Preparations**

1. Teams should remain in close communication with their state and local regulatory authorities and continue to comply with any applicable Health Authority Guidance related to re-opening.
2. In consultation with their local legal counsel, teams should familiarize themselves with applicable federal, state, and local laws and recommendations related to team personnel working the stadium. These include OSHA guidance for Medium Risk workplaces, ADA and EEOC guidance, and CDC recommendations. Teams are encouraged to survey team personnel who would report to the stadium for work as to whether they have any concerns about returning, including because of a High Risk Medical Condition.
3. Teams are responsible for procuring masks, hand sanitizer, disinfecting wipes, cleaning services, signage, and other services and supplies in order to comply with these Protocols. Teams should review existing contracts and stock and determine if additional orders are needed.

### **C. Entry**

#### **1. Parking**

- a. Parking spaces should be distanced at least six feet apart. Teams should develop a staggered parking structure (example below):



If possible, lot usage should correspond with the fan ingress point and seat location.

- b. All parking passes should be presented behind the car window to parking operations staff. Teams should encourage fans to pre-purchase parking as needed. Any parking attendants should wear masks while working the parking lot.
- c. Teams should eliminate the “Pub to Pitch” and “March to Match” programs for the 2020 season.
- d. Teams should discourage this tailgating as much as possible. If tailgating is allowed by the team, patrons should have the option to purchase within a designated section of the parking lot that is non-tailgating.

#### D. Fan Ingress

- 1. Teams should establish processes for entry into the venue that allow patrons to socially distance (i.e., remain six feet apart). This may require closure of certain ingress points. Options for accomplishing this include:
  - a. Entry into the venue through an ingress point which corresponds with the fan’s seat location.
  - b. Provided there are mechanisms for ensuring social distancing while fans are waiting, entry in “zones,” similar to an airport. This method could alleviate higher numbers of individuals arriving at the gate simultaneously. For example, if tickets are designated with zones 1-4, for a 7:30 PM kickoff, ingress could look like the following:

6:00 - 6:30 p.m.: All zones can enter

6:30 - 6:45 p.m.: Zone 1 can enter

6:45 – 7:00 p.m.: Zone 2 can enter

7:00-7:15 p.m.: Zone 3 can enter

7:15-7:30 p.m.: Zone 4 can enter

7:30 and later: All Zones can enter
  - c. Opening gates earlier to spread out ingress times.
- 2. In any line, spots should be marked on the ground to illustrate social distancing protocols.



These markers are an opportunity to utilize team or sponsorship branding.

- a. Teams should post graphics (i.e. pull up banners, LED, sidewalk decals, etc.) depicting proper fan procedures and protocol and education about preventing the spread of COVID-19 (e.g., regarding the importance of washing hands, socially distancing where possible, wearing masks where social distancing is not possible, and avoiding touching their eyes, nose, and mouth).
- b. Sponsored or gate giveaways are generally prohibited unless they are in furtherance of fan safety (e.g., facemask, hand sanitizer). Any giveaway is subject to League approval.

### 3. Screening

The following are guidelines with respect to team personnel other than Covered Persons. Protocols relating to the screening of Covered Persons are as set forth in Section IV.

- a. In general, prior to reporting to the facility, team personnel should be surveyed/screened as to whether they: (a) are feeling sick, (b) are experiencing COVID-19 symptoms, or (c) have had close contact with anyone who has a diagnosed or suspected case of COVID-19. Anyone who answers affirmatively should not report.
- b. Fans should be told in advance not to come to the match if they (a) are feeling sick, (b) are experiencing COVID-19 symptoms, or (c) have had close contact with anyone who has a diagnosed or suspected case of COVID-19.
- c. Fans, club-personnel, and other people reporting to the stadium should be provided with information the risk of attending the match, particularly if they or a person they regularly interact with has a High Risk Conditions.
- d. Upon reporting to the stadium, it is recommended that fans, club-personnel, and other people reporting to the stadium are subject to temperature checks (which may be through a temperature sensitive

magnetometer). Anyone with a temperature of 100.4°F or above should be asked to return home. If the team believes that fans' temperatures may be inflated due to the summer heat or walk from their vehicles, the team can develop "cool down" zones outside of ingress points. These "cool down" zones are meant for a fans body temperature to come down to "normal" and must be able to achieve proper social distancing.

#### E. In-Venue Precautions

##### 1. Fan Protection and Protocols.

- a. Teams should establish processes for moving throughout the venue that allow patrons to socially distance (i.e., remain six feet apart). Options for accomplishing this include splitting concourses down the middle and having each side be "one way."
- b. In any line, spots should be marked on the ground to illustrate social distancing protocols. Again, these markers are an opportunity to utilize team or sponsorship branding.
- c. Teams should post graphics (i.e. pull up banners, LED, sidewalk decals, etc.) depicting proper fan procedures and protocol and education about preventing the spread of COVID-19 (e.g., regarding the importance of washing hands, socially distancing where possible, wearing masks where social distancing is not possible, and avoiding touching their eyes, nose, and mouth). PA announcements regarding the above are also encouraged.
- d. Hand sanitizer and hand washing stations must be available throughout the venue and spread out amongst concourse areas, outside restrooms, ingress/egress points, etc.
- e. All teams should have masks on hand and available for fans who want them.
- f. Teams should take reasonable efforts to deter fans from singing or chanting.

##### 2. Team Personnel; OSHA Protective Standards

- a. Subject to ADA considerations, team personnel working within and around the venue (including parking attendants, security, merchandise, ticketing, cleaning, and concessions staff) must wear masks.
- b. Team personnel should be encouraged not to congregate in shared spaces such as break rooms, eating areas, etc. where social distancing is difficult to accomplish.

- c. Teams should install plexiglass barriers between team personnel and the general public wherever this is logistically possible, including at the box office and concessions and merchandise stands.
- d. Where logistically possible, teams should modify or adjust “workstations” or physical spacing between workers to maintain social distancing of 6 feet between customers and employees.
- e. Teams should communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

### 3. Cleaning.

- a. Teams must develop a match day stadium sanitation plan, which, at a minimum, complies with applicable Health Authority Guidance regarding cleaning.
- b. Teams should consider increasing cleaning frequency, utilizing a dedicated staff to perform cleaning, disinfecting, and sanitization at regular intervals. This staff should be trained and provided the equipment necessary (such as cleaning supplies and PPE) to conduct cleaning services in accordance with applicable Health Authority Guidance.
- c. During match day, sanitation staff should be present throughout the stadium to sanitizing/disinfect high touch areas on a regular basis. These include door handles, handrails, barricades, elevator buttons, tables, chairs, common areas, trash areas, etc. In order to accomplish this, teams should consider having sanitation staff stationed throughout the event in high-traffic areas, such as restrooms.
- d. Teams may wish to consider using other staff to assist with sanitation, where appropriate (e.g. consider whether ticket takers can sanitize the venue after ingress is completed).

### 4. Security

- a. USL security standards (as set forth in the Operations Manual) remain in effect. Walk-through magnetometers are the safest and most-effective option; but if these devices are unavailable, wand checks may be performed by security guards wearing masks. “Pat downs” should be utilized as a last resort option.
- b. Teams should consider prohibiting bags from the venue or only allowing small clear plastic bags containing medicines, necessary items, etc.

- c. Typical supporter allowances (such as tifo, brass instruments, and bullhorns) should be prohibited in venue
- d. Percussion instruments and individual signs of support (2 poles, flags) can be permitted.

5. Ticketing

- a. Teams should consider contactless ticket scanning. Methods are listed below, in order of preference:
  - i. Fan scans their own barcode for admittance;
  - ii. If this is not possible, the ticket collector can scan the ticket;
  - iii. Finally, if scanning is not an option, the traditional “rip” ticket may be utilized; and
- b. Will call and game day ticket purchase options can continue to take place at the box office.
- c. Gameday credentialing should be moved to the box office as well for safety and ease of use.
- d. All box office lines should have marked spots on the ground to illustrate the 6-foot social distance spacing, and any individual line should be at least 6 feet from any other line.

6. Seating and Seating Areas

- a. Teams should submit a seating diagram for approval to the League prior to fans being allowed in the venue.
- b. Teams must ensure they retain sufficient ADA accessible and companion seats as required by applicable law.
- c. It is recommended that:
  - i. Seats not being utilized should be covered or physically altered so they are not accessible. Teams may accomplish this, for example, by: (a) covering seats with logos or sponsorships; (b) zip-tying seats to backs; or (c) removing seats;
  - ii. Teams should (a) organize staircases so they are one way up or down or (b) stagger empty rows to cut across sections as needed;
  - iii. Teams not sell SRO seats;
  - iv. Teams use rope, tape, and/or markers should be used on bleachers to identify seats; and
  - v. Teams discuss social distancing requirements in advance with supporters’ groups.



7. Concessions.

- a. It is recommended that concessions that are provided be in individual packaging or containers (e.g., of the “grab and go” variety).
- b. All condiments, napkins, utensils, etc., must be individually packaged for distribution. Condiment carts, ketchup and mustard pumps, etc., must be removed or emptied.
- c. Fans should be directed to return to their seats to eat. All tables, bar tops, seating options, etc. on the concourse should be removed.
- d. Concession lines must be spaced with 6-foot markers on the ground to ensure proper line spacing and social distancing. In developing lines, teams need to ensure these lines do not block the concourse.
- e. In premium areas and team spaces, buffet style meals are not permitted. Grab and go or plated options are the only acceptable meal style. Barstools, tables, chairs, etc. must also be removed in the team and premium areas.
- f. Sanitation and hand washing stations should be placed next to or in close proximity to concession stands.
- g. If possible, teams are encouraged to enable fans to order/pay for concessions from their seat with an app.
- h. It is recommended that traditional food and beverage hawkers are eliminated, given the difficulty of cashless options and the increased exposure to fans.

8. Merchandise

- a. Teams should consider utilizing an online or app “pre-order” process for in-store merchandise pickup or in-seat delivery.
- b. Teams should consider implementing a no “try on” policy and removing frequently touched items such as mini balls, etc. Teams may also consider using a “one-in, one-out” policy to ensure the store does not become over-crowded.
- c. Merchandise lines must be spaced with 6-foot markers on the ground to ensure proper line spacing. In developing lines, teams need to ensure these lines to not block the concourse.
- d. Depending on the number of registers, certain lines may need to be closed to abide by social distancing standards.

9. Restrooms

- a. Teams should consider replacing flushers, sinks, soap dispensers, and hand towel dispensers with touchless options.
- b. Aerosol dryers should be avoided, if possible.
- c. Unless it creates too much exposure, primary restroom door should be propped open (not stalls).
- d. If restrooms have two entrances/exits, one door should be used for each purpose. If restrooms only have one door, consider implementing a “one in, one out” approach.
- e. Frequently touched surfaces must be regularly disinfected. Teams should consider keeping a staff member permanently in the restroom to continue to clean, sanitize, and disinfect the space.
- f. In the men’s room, eliminate urinals as needed to comply with 6-foot social distancing standard.
- g. Restroom lines must be spaced with 6-foot markers on the ground to ensure proper line spacing. In developing lines, teams need to ensure these lines to not block the concourse.
- h. If the venue utilizes portable toilets, consider placing a tissue or towel dispenser at the door to minimize hand contact.
- i. Outside of the portable toilet, place a hand sanitizing or hand washing station.

10. Press Box

- a. If possible, seating in the press box should be at least six feet apart. Teams should consider minimizing the number of individuals allowed in the press box to achieve this standard.
- b. Any buffet style or self-serve drink options in the press box should be replaced with “grab and go” options.
- c. Headsets, microphones, etc., may not be shared between individuals; and
- d. Teams should consider propping open press box doors to minimize hand contact.

11. Marketing and Media

- a. Marketing and/or promotional areas where social distancing is impracticable (e.g., kid zones, inflatables, speed shot, goalkeeper challenge, soccer darts, cage soccer) are not permitted.
- b. Marketing giveaways are generally prohibited unless they are in furtherance of fan safety (e.g., facemask, hand sanitizer). Any giveaway is subject to League approval.
- c. Post-game autograph sessions or other situations in which players would be required to be in direct contact with fans are not permitted.

F. Exit

- 1. Teams should establish processes for exit that allow patrons to socially distance (i.e., remain six feet apart) during the exit. This may require closure of certain egress points.
- 2. Prior to the end of the match, LED, scoreboard, and PA messaging should inform fans of the controlled egress process. Ushers should control and implement the processes, and stadium staff should also be managing high traffic egress areas such as escalators, elevators, ramps, etc.
- 3. Controlled exit processes may not apply in the event of an emergency exit.

Exhibit III.B.2

Waiver/Assumption of Risk Document for Academy Players

*[Included on the following pages]*



## **COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR ACADEMY PLAYERS AND TRIALISTS**

In consideration for being allowed to participate as an academy player or trialist in events and activities related to the USL Championship or USL League One, including activities organized by or on behalf of my club and the activities incidental thereto (e.g., activities associated with travel with my club) (collectively, “Soccer Activities”), I, the undersigned, acknowledge and agree as follows:

There is an ongoing pandemic of COVID-19, a contagious virus which may cause severe illness, other adverse medical reactions, quarantine requirements, transmission to friends and/or family, and/or death in addition to other adverse results, the scope of which may not be fully understood given that COVID-19 is a novel virus and has not yet been fully evaluated by the medical community (“Virus Risks”). COVID-19 is believed to spread mainly from person-to-person contact, aerosol droplets, and also through surfaces, and it may be spread by individuals who are pre-symptomatic or asymptomatic.

My participation in Soccer Activities as an academy player or trialist will substantially increase my risk of exposure to COVID-19, given that, by their nature, Soccer Activities involve person-to-person contact. I agree to assume full responsibility for any resulting Virus Risks, whether they be known or unknown.

USL Championship and USL League One, their affiliates, and the clubs and their affiliates have established certain requirements and protocols (“Protocols”) in consultation with medical consultants designed to reduce the Virus Risks; however, significant Virus Risk remains despite the Protocols. The Protocols include the requirement that all players, including academy players and trialists, submit to regular COVID-19 testing and agree to share the results of such testing with certain persons in order to prevent the spread of the virus. I agree to strictly comply with the Protocols, including by submitting to testing and agreeing to share any results of the testing as set forth therein.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS UNITED SOCCER LEAGUES, LLC, USL PRO, LLC, USL PRO-2, LLC AND THEIR AFFILIATES (“LEAGUES”) IN ADDITION TO EACH OF THE LEAGUES’ CLUBS AND THEIR RESPECTIVE AFFILIATES**, and each of their respective directors, officers, officials, agents and/or employees, associated personnel, 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** that I or a third party may suffer as a result of the Virus Risks or the Soccer Activities, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

*Continued on the following page*



**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.**

X \_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Phone Number

**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 \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Phone Number

Exhibit IV.A

Questionnaire / Log

All players and club personnel who interact with players (collectively, “Covered Persons”) are required to complete the following questionnaire and log each morning, submitting it to the Health Officer or a team designee before reporting to the team facilities or otherwise participating in any team activities.

1. In the past 72 hours, have you experienced any of the following symptoms?

	Yes	No
Shortness of Breath or Difficulty Breathing	<input type="text"/>	<input type="text"/>
Cough	<input type="text"/>	<input type="text"/>
Fever	<input type="text"/>	<input type="text"/>
Headache	<input type="text"/>	<input type="text"/>
Chills	<input type="text"/>	<input type="text"/>
Sore Throat	<input type="text"/>	<input type="text"/>
Loss of Taste or Smell	<input type="text"/>	<input type="text"/>
Abnormal Muscle Pain	<input type="text"/>	<input type="text"/>
Nasal Congestion	<input type="text"/>	<input type="text"/>
Runny Nose	<input type="text"/>	<input type="text"/>
Diarrhea	<input type="text"/>	<input type="text"/>
Fatigue	<input type="text"/>	<input type="text"/>

If you answered “Yes” to any of the above, please provide details (use additional sheet if necessary): \_\_\_\_\_

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2. To your knowledge, have you had a fever at or above 100.4 degrees Fahrenheit?

Yes	No
<input type="text"/>	<input type="text"/>

If you answered “Yes,” please provide detail below (including temperature readings, if available): \_\_\_\_\_

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3. Do you have reason to believe that you, or anyone with whom you've had close contact, may have been exposed to Covid-19 in the past 14 days?

Yes

☐

No

☐

If you answered "Yes," please provide detail below: \_\_\_\_\_

4. Have you been within six feet of any other Covered Person for fifteen minutes or more since the last time you completed this questionnaire? If so, please list all such individuals (including your roommates):

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**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Exhibit VIII.A.1

Bus Seat Mapping

Seats: 54		Passengers: +/- 14	
<div><div>X</div><div><div>X</div><div></div></div><div><div></div><div></div></div><div><div>X</div><div></div></div><div><div></div><div></div></div><div><div>X</div><div></div></div><div><div></div><div></div></div><div><div>X</div><div></div></div><div><div></div><div></div></div><div><div>X</div><div></div></div><div><div></div><div></div></div><div><div>X</div><div></div></div><div><div></div><div></div></div><div><div>X</div><div></div></div><div><div></div><div></div></div><div><div>X</div><div></div></div></div>		<div><div></div><div>X</div></div> <div><div></div><div></div></div> <div><div></div><div>X</div></div> <div><div></div><div></div></div> <div><div></div><div>X</div></div> <div><div></div><div></div></div> <div><div></div><div>X</div></div> <div><div></div><div></div></div> <div><div></div><div>X</div></div> <div><div></div><div></div></div> <div><div></div><div>X</div></div> <div><div></div><div></div></div> <div><div></div><div>X</div></div> <div><div></div><div></div></div> <div><div></div><div></div></div>	
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