



ECLIPSE SELECT SOCCER CLUB COVID-19 PROTOCOL

The Eclipse Select Soccer Club is committed to implementing the proper procedures and protocols to ensure that all players, families and staff members will be safe as we navigate multiple phases of returning to play. We are also committed to providing an elite level of service to our members as the situation continues to evolve.

All of the policies put in place by Eclipse Select, as well as actions taken are and will be based on the CDC guidelines, State of Illinois and local public health officials' updates.

COVID-19 Symptoms (CDC.gov)

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever or chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Fatigue
- Body aches
- Headache
- Congestion or runny nose

This list does not include all possible symptoms. Less common symptoms include:

- Gastrointestinal symptoms
 - Nausea
 - Vomiting
 - Diarrhea

Any player that tests positive for COVID-19 or has come into direct contact with an individual who has tested positive for COVID-19 must report it to Eclipse Select via contacting Rory Dames directly.

SOURCES:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



RELEASE AND WAIVER OF LIABILITY COMMUNICABLE DISEASE AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the **ECLIPSE SELECT SOCCER CLUB** soccer program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death and while rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. You **KNOWINGLY AND FREELY ASSUME ALL SUCH RISK**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for your participation: and,
3. You willingly agree to comply with stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazards due to my presence or participation, I will remove myself from participation and bring the concern to the attention of the nearest official immediately.
4. It is understood **ECLIPSE SELECT**, its agents, employees, nor the owner assume any legal liability for items lost or stolen as a result of my participation within the facility, arena, game field, practice area or event location.
5. **COMMUNICABLE DISEASE**. You are aware there are risks of exposure directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. COVID-19, which has been declared a worldwide pandemic by the World Health, is extremely contagious and is believed to spread mainly from person-to-person contact.
6. **INDEMNIFICATION** You agree to be responsible for all participation and interactions with the **ECLIPSE SELECT** soccer program, and agree to indemnify and hold **ECLIPSE SELECT** and each of its respective parent, subsidiaries and affiliated companies, and each of their respective officers, directors, agents, representatives, employees, successors, assignees, and licensees harmless from and against any and all direct and/or third-party claims, liabilities, damages, demands, causes of action, judgments, settlements, costs and expenses (including, without limitation, reasonable outside attorney’s fees and court costs), arising out of or related to:
 1. breach of any of your representations and warranties contained herein,
 2. any acts, whether by omission or commission, by you, which may arise out of, in connection with, or is any way related to, the participation in the **ECLIPSE SELECT** soccer program
 3. any User Content submitted by or on behalf of you,
 4. your violation of these terms and
 5. your violation of any applicable law or regulation.
7. I have read the most up to date “Eclipse Select Activity Protocol” and fully understand that the information in it is **NOT** intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. The protocol addresses current phases of activity and additional guidelines may, or may not, follow as the COVID-19 pandemic continues to evolve. The knowledge and circumstances around COVID-19 are changing constantly and, as such, Eclipse Select makes no representation and assumes no liability and/or responsibility for the completeness of the information.
8. **RELEASE**. You agree to **RELEASE AND HOLD HARMLESS, ECLIPSE SELECT**, their officers, officials, agents and/or employees, other participants, associated leagues (including but not limited to IYSA, US Club Soccer, ECNL, YSSL, IWSL, NISL), sponsoring agencies, sponsors, advertisers, and if



applicable, owners and lessors of premises used to conduct the **ECLIPSE SELECT** Program or event WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided in this document. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted.

I have read this Release and Waiver Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and I freely and voluntarily sign below without any inducement.

Player's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____