



WAIVER - NOLA SPORTS CENTER LLC

NOLA SPORTS CENTER LLC AND ALL ASSOCIATED BUSINESSES
VOLUNTARY RELEASE-WAIVER-ASSUMPTION OF RISK
AND FULL INDEMNITY AGREEMENT.

The undersigned participant hereinafter referred to as the "undersigned" requests and is granted the revocable permission to enter upon the premises of NOLA SPORTS CENTER LLC, 1401 W. Esplanade Av., Suite 1214 Kenner, LA 70065, hereinafter referred to as "Owner", to participate as a player or a coach in soccer games and/ or matches, and/or camps, and/or practices, and/or training, and/or other activities that may be conducted within the Owner's premises. Said entry shall from now on be referred to as "revocable permissive entry." In consideration of the "revocable permissive entry," onto the premises of Owner, the undersigned of himself/herself, all personal representatives executors, executrixes, heirs next of kin, spouse, and assigns do now agree as follows:

1. The undersigned do hereby FULLY RELEASE, FULLY WAIVE, FULLY DISCHARGE, AND COVENANT NOT TO SUE, the operators or Owner, its officers, directors, shareholders, employees, agents, managers, attorneys, subsidiaries, independent contractors, successor or assigns, (hereinafter collectively referred to as "releasees") and each of them, from any and all claims, and/or the ordinary negligence of released, and/or the strict liability, and/or the negligence of any third party or participant, which causes the undersigned injury, death, personal injury, bodily injury, property damages, or any other type or kind of injury, and/or loss, and/or damages. The undersigned hereby covenants to hold "releasees" harmless from and to fully indemnify "releasees" for any type or kind of damages, judgements, awards, or related expenses (including but not limited to releasees' attorney fees and court costs) that "releasees" may incur as a result of the participation of the undersigned in any activity, and/or game, and/or match, and/or practices, and/or camps, and/or scrimmages, and/or leagues, conducted within Owner's premises at any time.
2. The undersigned verifies that he/she is physically fit and sufficiently trained to play and compete in Owner's leagues, camps, practices, games, scrimmages, matches, and other activities and that the undersigned's physical condition for participation in Owner's leagues, camps, practices, games, scrimmages, matches, and other activities has been verified by a licensed medical doctor during the last six months. The undersigned confirms that he/she shall cover any, and all medical, expenses that may arise from the undersigned's participation in the Owner's leagues, or other activities and undersigned does not, and shall not rely upon or look towards Owner and/ or the Releasees and releases Owner, his agents and representatives from all liability thereof.
3. The undersigned ACKNOWLEDGES that there is INHERENT DANGER in the participation in any and, all soccer activities including but not limited to games, matches, practices, camps, scrimmages, and other events, which the undersigned appreciates and voluntarily assumes. The undersigned has inspected the Owner's premises, and THE UNDERSIGNED VOLUNTARILY ELECTS TO ACCEPT ALL RISKS CONNECTED WITH HIS/HER PARTICIPATION IN ALL SOCCER ACTIVITIES, AS DESCRIBED ABOVE. THE UNDERSIGNED HAS READ THIS DOCUMENT CAREFULLY AND FULLY UNDERSTANDS EACH AND ALL OF ITS TERMS. THE UNDERSIGNED UNDERSTANDS THAT IT IS A RELEASE OF ALL CLAIMS. THE UNDERSIGNED UNDERSTANDS THAT HE/SHE ASSUMES ALL RISKS INHERENT IN ALL SOCCER PARTICIPATION. THE UNDERSIGNED VOLUNTARILY SIGNS HIS/HER NAME EVIDENCING HIS/HER ACCEPTANCE OF THE ABOVE PROVISIONS.
4. If a provision of this agreement is held to be illegal or invalid by a court of competent jurisdiction, such requirements shall be considered severed and deleted. Such severance and deletion shall not affect the validity of the remaining provisions of this agreement, which shall remain in full force and effect.

5. This Voluntary Release-Waiver-Assumption of Risk and Full Indemnity Agreement shall be in full force and effect at all times during undersigned's participation in the soccer activities, of any kind or nature, and for whatever period of the time the undersigned participates in said activities, either continuously or from time to time, as the case may be.

6. Should any dispute arise about the terms of this agreement, or should any action be filed or commenced to enforce the terms of this agreement, the prevailing party shall be entitled to recover it's reasonable attorney fees and costs, whether or not such dispute proceeds to judgment.

"The undersigned permit to use the undersigned's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of NOLA SPORTS CENTER LLC AND ALL ASSOCIATED BUSINESSES also, the activities celebrated at NOLA SOCCER CENTER premises. The undersigned agrees that NOLA SPORTS CENTER LLC AND ALL ASSOCIATED BUSINESSES has complete ownership of such pictures, etc, including the entire copyright, and may use them for any purpose consistent with the programs and activities of NOLA SPORTS CENTER LLC AND ALL ASSOCIATED BUSINESSES. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. The undersigned acknowledges that the undersigned will not receive any compensation, etc. for the use of such pictures, etc, and at this moment releases NOLA SPORTS CENTER LLC AND ALL ASSOCIATED BUSINESSES and its agents and assigns from any and all claims which arise out of or are in any way connected with such use."

ADULT FIRST NAME: _____ ADULT LAST NAME: _____

Email: _____ Phone Number: _____

Adult Gender: Male _____ Female _____

In representation of: CHILD FIRST NAME: _____ CHILD LAST NAME: _____

Child Gender: Male _____ Female _____

MEDICAL CONDITONS (if any). Please advise of any current medical condition/medications : _____

SIGNATURE: _____ DATE: _____