

CITY FUTSAL & STUDIO BRASIL UNCONDITIONAL AND GENERAL LIABILITY RELEASE, WAIVER, INDEMNIFICATION AND AGREEMENT NOT TO SUE

1. I, the undersigned parent/legal guardian authorize my child's participation in City Futsal & Studio Brasil Camp, including all related activities. I fully understand all of the dangers, hazards and risk that are associated with and may occur as a result of my child's participation in the City Futsal & Studio Brasil Camp and related activities. I understand that these dangers and risks may result in property damage, impairment to health and well being, and/or physical injury, including serious or even deadly injuries.

2. In consideration of my child being permitted to participate in the City Futsal & Studio Brasil Camp, I agree to assume full responsibility for all risks. I further agree to release, waive, and covenant not to sue City Futsal, Studio Brasil, as well as officers, agents, and employees of City Futsal & Studio Brasil (referred to collectively as "Releasees"), from and against any and all liability, claims, demands, actions, causes of action, suits inequity, whatsoever arising out of or related to any loss, damage, or injury, including death, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, that may be sustained by my child while participating in the City Futsal & Studio Brasil Camp or in any related activity or while in or upon the premises where the CAMP and related activities are being conducted or while being transported to, from or in connection with the CAMP. I further agree to indemnify the Releasees from liability, claims, demands, actions, causes of action, or suits in equity arising out of loss, damage or injury that occurs as a result of my child's negligent or intentional act or omission while participating in the CAMP and in related activities.

3. I understand and agree that Releasees are granted permission to authorize medical treatment, if necessary, for my child and that such action by Releasees shall be subject to the terms of this Release, Waiver, Indemnification and Agreement not to Sue. I understand and agree that Releasees assume no responsibility for any injury or damage to my child or for any related cost which might arise out of or in connection with such authorized medical treatment, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I understand that I am strongly urged to obtain adequate health insurance to pay any medical costs that may be attendant as a result of injury to my child.

4. It is my express intent that this Release, Waiver, Indemnification and Agreement not to Sue shall bind myself, my child, the other members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased.

5. In signing this Release, Waiver, Indemnification and Agreement not to Sue, I acknowledge and represent that I have carefully read the document and understand its contents and that I sign as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign; and that I have executed this Release for full, adequate, and complete consideration fully intending to be bound by the same.

6. I further agree that this Release, Waiver, Indemnification and Agreement not to Sue shall be interpreted in accordance with the laws of the State of Texas. If any term or provision of this Release shall be deemed to be illegal, unenforceable, or in conflict with any law, then the validity of the remaining portions of the Release shall not be affected thereby.

My child has permission to attend a youth camp at City Futsal. I fully realize that injury or illness to my child may result from or during participation in the youth camp. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the camp representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at at a local hospital or elsewhere.