



**ASSUMPTION OF RISK, WAIVER AND INDEMNITY AGREEMENT MEDICAL RELEASE FORM**

I, the undersigned, in enrolling myself or my child at a Creative Player, Inc. soccer training program, understand that I/he/she attending any soccer program and using the facilities of Goal Sports, Inc does so at my/his/her own risk. Creative Player, Inc. and its owners, employees and agents shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by myself or my family in or about any programs on the premises.

I, the undersigned, agree as follows:

- 1. The activities offered by Creative Player, Inc. require strenuous exercise and various degrees of skill. I understand the risks and danger of personal injury, disability and/or death to me and/or the child(ren) listed below as a result of participating in the activities offered by Creative Player, Inc. I assume all risk of damage or injury to myself and the child(ren) listed below.
- 2. I understand that both I and the child(ren) listed below may be unfamiliar with the surroundings and activities at Creative Player, Inc. and Goal Sports, Inc facilities and there may be risks, including property damage, bodily injury or death ("Risks"). I understand that Creative Player, Inc and Goal Sports, Inc. and its members, managers, directors, officers, agents, employees, volunteers, and individuals acting on its behalf (collectively, "Creative Player, Inc" and "Goal Sports, Inc") cannot and do not assume responsibility for such Risks EVEN IF ANY SUCH RISKS ARE A RESULT OF THE NEGLIGENCE OR GROSS NEGLIGENCE OF CREATIVE PLAYER INC or GOAL SPORTS INC. I FULLY AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH RISKS ON MY BEHALF AND ON BEHALF OF THE CHILD(REN) LISTED BELOW.
- 3. IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE EVENT, ON BEHALF OF MYSELF, THE CHILD(REN) LISTED BELOW, MY FAMILY, HEIRS, ASSIGNS, AND PERSONAL REPRESENTATIVE(S), I AGREE TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING THE ACTIVITIES OFFERED BY CREATIVE PLAYER, INC. I RELEASE, WAIVE, FOREVER DISCHARGE, AND COVENANT NOT TO SUE CREATIVE PLAYER, INC or GOAL SPORTS INC, FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY HARM, DAMAGE, CLAIM, DEMAND, ACTION, CAUSE OF ACTION, COST OR EXPENSE OF ANY NATURE THAT I MAY HAVE, NOW OR IN THE FUTURE, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE OR INJURY, INCLUDING BUT NOT LIMITED TO MEDICAL EXPENSES, SUFFERING OR DEATH, THAT MAY BE SUSTAINED BY ME, THE CHILD(REN) LISTED BELOW OR ANY PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF CREATIVE PLAYER INC or GOAL SPORTS, INC AND ITS AFFILIATES WITH REGARD TO ANY ACTIVITIES OR FACILITIES AT THE EVENT. I assume full responsibility for all injuries and damages which may occur in or about any premises and I do hereby fully and forever release, discharge and hold harmless Creative Player, Inc. and Goal Sports, Inc, and all associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any persons participation in any programs our use of its facilities, INCLUDING, BUT NOT LIMITED TO, REASONABLE ATTORNEYS' FEES INCURRED BY CREATIVE PLAYER, INC and GOAL SPORTS INC IN CONNECTION THEREWITH.
- 4. I understand and agree that both I and the child(ren) listed below may be photographed, videotaped, recorded on digital media, social media and/or interviewed for the purpose of Creative Player or Goal Sports Inc promotional use.

**I HAVE READ THIS DOCUMENT CAREFULLY, AND I ACKNOWLEDGE AND UNDERSTAND THE EFFECTS OF MY ASSUMPTIONS, RESPONSIBILITIES, RELEASES, WAIVERS, AND INDEMNIFICATIONS.**

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email2: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent's/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MEDICAL CARE CONSENT**

Consent—I , the undersigned participant or parent guardian of the above named children, do hereby grant the staff of Creative Player, Inc. or Goal Sports, Inc, the authority to render judgment concerning medical assistance or hospital care in the event of an accident or illness.

Parent's/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_