

RELEASE AND WAIVER OF LIABILITY

EPIC GOALKEEPING RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in the soccer activities, including tournaments, of EPIC Goalkeeping (the "Activities"), I, for myself for personal representatives, assigns, heirs, and next of kin:

- ACKNOWLEDGE, AGREE, AND REPRESENT that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities and I have not been otherwise informed by a physician that I am incapable of participation in any sports. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activities.
- 2. FULLY UNDERSTAND THAT:
 - 1. a) Sports are physical and can require considerable running, starting, stopping and physical exertion, in heat and humidity, and could potentially lead to injuries including, but not limited to, overheating dehydration, limb injuries and possible permanent disability, paralysis and death (the "Risks").
 - b) The Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activities, the condition in which the Activities take place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
 - 3. c) There may be other risk and social and economic losses, either not known to me or not readily foreseeable at this time.
 - 4. d) Each player is responsible for conducting him/herself safely and at a level consistent with his/her skill.
 - 5. e) EPIC Goalkeeping does not carry player medical insurance, nor provide event security, and each player must maintain adequate health insurance to cover any injuries occurring as a result of participation in the Activities.

3. FURTHER:

- a) I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activities.
- 2. b) I understand, acknowledge, and accept that this Release and Waiver of Liability,
 Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as
 permitted by the laws of the State of Florida and agree that if any portion hereof is invalid,
 the remainder will continue in full legal force and effect.
- c) I agree that any legal proceedings related hereto shall take place in the City of Jacksonville.
- 4. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE OR HOLD LIABLE the EPIC Goalkeeping, its administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activities take place, (each considered one of the "Releases" herein) FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

EPIC Goalkeeping LLC

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT

ALL PLAYERS MUST SIGN THIS INJURY WAIVER BEFORE PARTICIPATING IN ANY EPIC GOALKEEPING ACTIVITIES. IF A PLAYER HAS NOT SIGNED THIS INJURY WAIVER, BUT ENTERS THE SOCCER FIELD, HE OR SHE IS DEEMED TO HAVE SIGNED THIS INJURY WAIVER.

Print Player Name	Date	
Player/Guardian Signature	 Date	

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