

iSoccerStar's One Shot One Dream Waiver and Release Form

Waiver: In consideration of permission to use, today and on future date, the property, facilities, and services of iSoccerStar, Inc. ("ISS"), and International Soccer Star Academy ("Academy"), and in consideration of being allowed to participate in the programs, related events and activities of ISS and the Academy, **I**, on behalf of myself, my heirs, personal representatives, or assigns, **do hereby release, waive, discharge, and covenant not to sue** ISS and/or the Academy, their affiliated clubs, their members, directors, officers, employees, coaches, sponsors, advertisers, volunteers, independent contractors, agents and owners and lessors of premises used to conduct the events (the "Released Parties") from liability **from any and all claims arising from negligence** of ISS and the Academy or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illness arising from participation in ISS and the Academy activities including, but not limited to, organized activities, classes, observation, and individual use of facilities, premises, or equipment; and 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to HOLD HARMLESS AND INDEMNIFY ISS and the Academy and Related Parties from all claims resulting from negligence and to reimburse them for any expenses incurred as a result of my involvement at programs, related events and activities with ISS and the Academy. I further agree to pay all costs and attorneys fees incurred by ISS and the Academy and Related Parties, in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that ISS and the Academy, is not responsible for the injury or loss.

Severability and Venue: The undersigned further expressly agrees the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the state of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Orange County, California.

Media/Photo Release: I hereby authorize and give my full consent to ISS and the Academy to copyright and/or publish any and all photographs, videotapes and/or film in which I and/or minor participants appear while attending the programs, related events and activities of ISS and the Academy. I further agree that ISS and the Academy may transfer, use or cause to be used, these photographs, video tapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

Acknowledgment of Understanding: I have read this Waiver of liability and indemnification Agreement and fully understand its terms. **I understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, **and intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law in the state of California.

Signature of Participant

Date

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Assumption of Inherent Risk: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. ISS and the Academy have facilities for and provide for soccer activity. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system.

The specific risks vary but risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks, to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraph and **I know the nature of the activities** at ISS and the Academy, **I understand the demands** of those activities relative to my physical condition and skill level, and I appreciate the types of injuries, which may occur as a result of activities made possible by ISS and the Academy. **I hereby assert that my participation is voluntary and that I knowingly assume all risks.**

Acknowledgement of Understanding: I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily **and intend my signature to signify a complete assumption of inherent risks of participating in or observing recreational activities at ISS and the Academy**, to the greatest extent allowed by law in the State of California.

Signature of Participant

Date

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PARENTAL CONSENT (If participant is under the age of 18).

I, the minor's parent and/or legal guardian, with legal responsibility for this participant, understand the nature of soccer activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I do consent and agree to his release as provided above of the Released parties. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Released Parties from liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the negligence of the Related Parties or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Released Parties, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Released Parties from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Printed Name of Parent/Guardian:

Address:

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Parent/Guardian Signature

Date

If participant is under the age of 18

Permission to Treat: The undersigned further authorizes anyone working with ISS and the Academy program to call for such medical care for the minor participant or to transport the minor participant to the appropriate clinic or hospital if, in the opinion of anyone working with the ISS and the Academy program, medical attention is needed for the minor participant. The undersigned agrees that upon turning the minor over to the undersigned parent and/or legal guardian or their designees or to the ambulance or other medical facility, clinic or hospital, that the responsibility of ISS and the Academy shall be totally fulfilled and that ISS and the Academy shall not have any further responsibility for the minor participant. The undersigned parent and/or legal guardian agrees to pay all costs associated with such medical care and related transportation for the minor participant and indemnify and hold ISS and the Academy, its representatives, agents, affiliates, members, directors, servants, volunteers and employees harmless for any costs incurred therein, nor any claims arising there from. The undersigned parent and/or guardian hereby authorize any medical facility or medical provider to provide care for the minor participant if it's believed that the minor participant requires medical attention.

Parent's/Guardian's Name

Emergency Phone Number

Parent's/Guardian's Signature

Date