

**SO CAL SOCCER ACADEMY
PARTICIPATION AGREEMENT AND RELEASE**

REGISTRATION:

Player Name: _____

Age/Gender: _____ Shirt Size: _____

Date of Birth: _____

Parent/Guardian: _____

Telephone: _____

Address: _____

E-mail: _____

Emergency Contact No. 1: _____

Telephone: _____

Emergency Contact No. 2: _____

Telephone: _____

Player's medical or physical limitations, if any: _____

AGREEMENT AND RELEASE:

I acknowledge that my child's participation in the So Cal Soccer Academy (the "Academy") is subject to the rules, policies and procedures established by the Academy and the California State University, Channel Islands ("CSUCI") which owns the fields and facilities hosting the Academy. I further acknowledge that I have received, read and understand such policies and procedures.

In consideration of my child's participation in the Camp, I hereby agree to defend, indemnify and hold harmless So Cal Soccer Academy, LLC, Global Sports Institute, LLC, the Academy and CSUCI, including, without limitation, their respective managers, members, shareholders, directors, officers, employees, subsidiaries, affiliates and agents (collectively, the "Releasees"), against any and all claims, demands, suits, actions, loss, liability, charges, expenses (including, without limitation, attorneys' fees) and costs of any nature whatsoever, which may arise out of, relate to, or result from, my child's participation in the Academy, including, without limitation, transportation to and from the Academy, which transportation I hereby authorize. I understand that neither the Academy nor CSUCI provides accident, medical, liability or workers' compensation insurance, or any other insurance for children participating in the Academy. I further agree that I, and my child, other minor children, legal wards, heirs, spouse, next of kin, distributees, guardians, legal representatives and assigns, will not make a claim against, or sue any of the Releasees for injury, death or damages arising out of, relating to or resulting from my child's participation in the Academy, whether by reason of the ordinary negligence of the Releasees or otherwise, but excluding the intentional misconduct of the Releasees.

I understand and agree that this agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this agreement is held invalid, I agree that the balance of this agreement should continue in full force and effect.

I, as a parent/guardian of my child, hereby consent to and authorize the Academy and its staff to obtain all emergency medical or dental care for my child that is prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.). This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my

child. I understand that the Academy and its staff may, if possible in the event of an emergency, attempt to contact me or other individuals whom I have designated, but circumstances may not permit the Academy and its staff to do so. I hereby further consent to and authorize the Academy and its staff to call for emergency assistance for my child, arrange for transporting my child to an emergency center, and take such other actions that either the Academy or its staff determine reasonable or necessary under the circumstances. I understand and agree that I will be responsible for all costs and expenses incurred in connection with any treatment or transportation of my child, and that neither the Academy nor the Academy staff shall be responsible for any such costs and expenses.

I further consent to the Academy taking photographs, pictures, video recordings, audio recordings, and/or audio-visual recordings of me and/or my child during my child's participation in the Camp, and the use of same by the Academy for publicity, promotion or other commercial purposes relating to the Academy's business.

I HAVE CAREFULLY READ THIS PARTICIPATION AGREEMENT AND UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT REQUIRES ME, AMONG OTHER THINGS, TO INDEMNIFY THE RELEASEES. I AM THE LAWFUL PARENT/GUARDIAN OF THE PLAYER REFERENCED IN THIS AGREEMENT. I HAVE SIGNED THIS AGREEMENT VOLUNTARILY AND I AM AT LEAST 18 YEARS OF AGE.

Date: _____

[Print Player Name]

[Print Parent/Guardian Name]

[Parent/Guardian Signature]

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