



WAIVER

Soccer Academy Michael Rummenigge LLC, 516 NW 20th Street, Fort Lauderdale, Florida, 33311

Sign below and mail to the address above.

RELEASE AND AUTHORISATION

I, _____, parent or legal guardian of _____,
parent / guardian name named player

a minor ("Player"), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION:

I hereby authorize each of the coaches, team parents, and/or other officials of the Soccer Academy Michael Rummenigge LLC to act as my agents in the capacity of activity supervisors and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT and I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. FURTHERMORE, I AGREE TO INFORM SOCCER ACADEMY MICHAEL RUMMENIGGE LLC IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation and or in the program itself, I will remove player from participation and bring such concern to the attention of the nearest official immediately .

In consideration of accepting the registration and permitting the voluntary participation of Player in SOCCER ACADEMY MICHAEL RUMMENIGGE LLC programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law SOCCER ACADEMY MICHAEL RUMMENIGGE LLC, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities. allowing, permitting or authorizing the use of the participating soccer facilities and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any SOCCER ACADEMY MICHAEL RUMMENIGGE LLC-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT:

I understand the conditions of this Release and Authorization and agree that it may be amended from time to time, and either I have read and understand the terms or I will do so before permitting Player to participate.

For both internal and external use, I acknowledge that SOCCER ACADEMY MICHAEL RUMMENIGGE LLC may compile and use addresses and soccer photographs of Players . I consent to such uses and hereby waive all rights to compensation.

PLEASE SIGN AND DATE:

Parent, Date _____ / Guardian, Date _____

