

I, ("Participant"), acknowledge that I have voluntarily applied to participate in the following activities with Ontario Pro Soccer, LLC (DBA Ontario Fury) Professional Indoor Soccer:

Name of Program (Example: Camp, Tryout, On Field Promotion, etc.)

Ontario Fury / High Desert Summer Soccer Camp

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

| KNOWN OR UNKNOWN.   | NJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE   |
|---|--|
| I verify this statement by placing my initials here:  | <del></del>  |
| Parent or Guardian's initials (if under 18):  | <del></del>  |
| activities and use the premises and facilities, I forever any game affiliated organization, and their respective d contractors, and representatives (collectively "Released heirs, distributes, guardians, next of kin, spouse and leg death, or property damage, related to (i) my participatic connected to these activities or not, and however cause activities occur, whether or not I am then participating | ary and any lessor of the premises ("Lessor"), to participate in these release the Ontario Fury, the Lessor, High Desert Summer Soccer Camp, directors, officers, board members, employees, volunteers, agents, es") from any and all actions, claims, or demands that I, my assignees, gal representatives now have, or may have in the future, for injury, ion in these activities, (ii) the negligence or other acts, whether directly ed, by any Release, or (iii) the condition of the premises where these in the activities. I also agree that I, my assignees, heirs, distributes, s will not make a claim against, sue, or attach the property of any by the foregoing release. |
|   | LLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A MYSELF AND THE FAIR, THE STATE, THE COUNTY, AND THE LESSOR,   |
| If Signed by Parent or Guardian: I verify that the dange explained to the Participant and that the Participant un   | ers of the activities and the significance of this Release and Waiver were inderstood them.  |
| Executed on DATE:   |  |
| PARTICIPANT   |  |
| PARENT OR GUARDIAN  | Signature  |
| Phone: Ema  | ail:   |
| Emergency Contact:  | Emergency Phone:   |
| *MUST COMPLETE ALL FIELDS   |  |

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.