



GENERAL RELEASE AND WAIVER OF LIABILITY

I, _____ (the "Participant"), and if such Participant is under 18 years of age, then also the parent or legal guardian of such individual (together with the Participant, the "Undersigned"), sign this release and waiver of liability (this "Release and Waiver") in consideration of participating in the **ST. JANE'S SCHOOL CLINIC – JAN & FEB 2010** (the "Freedom Event(s)"). The Undersigned hereby release(s) and discharge(s) Freedom Soccer, LLC ("Freedom Soccer") and its members and affiliated entities, assignees and their respective successors, officers, directors, agents, representatives, employees, sub-contractors, sponsors, shareholders, partners, members and affiliates (collectively, the "Released Persons") from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, which the Undersigned or his/ her child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by the Undersigned or his/her child or ward in the Freedom Event(s).

The Undersigned understands, acknowledges and accepts that this Release and Waiver is intended to be binding on the Undersigned and the Undersigned's Related Parties. The Undersigned further understands, acknowledges and accepts that participation in the Freedom Event(s) involves certain inherent risks, including, but not limited to, property damage and serious bodily injury (including death), and agrees that the Undersigned or his/her child or ward is voluntarily participating in the Event with full knowledge of the risks involved and accepts all risks of participation and has been cleared by his/her doctor. The Undersigned declares that the Participant is physically fit and has the requisite skill level to participate in the Freedom Event(s). The Undersigned authorizes Freedom Soccer and/or a party designated by Freedom Soccer to provide medical treatment to the Participant, at the Undersigned's cost, should the need arise. The undersigned understands, acknowledges and accepts that he or she must provide their own medical insurance for the participant.

The Undersigned further grants the Released Persons the right, but does not otherwise impose the obligation, to photograph, videotape and/or otherwise use the Participant's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials, free of charge without reservation or limitation.

The Undersigned understands, acknowledges and accepts that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state in which the Freedom Event(s) is taking place and agrees that if any portion of this Release and Waiver of Liability is invalid, the remainder will continue in full legal force and effect. The Undersigned further agrees that any legal proceedings related to this Release and Waiver of Liability shall take place in Maryland.

Date: ___ / ___ / ___ Participant Name: _____

Age: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

If participant is under 18 years old, this form must be signed by the participant's parent or legal guardian.

Date: ___ / ___ / ___ _____ _____
Parent/Guardian's Signature Parent/Guardian's Printed Name