



KidZoodles / SoccerZone

Participant Agreement, Acknowledgement of Risk, and Release of Liability

PLEASE SIGN BELOW: WAIVER/EXCLUSION CLAUSE: I, the undersigned parent/guardian/participant, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf, in participating at SoccerZone and/or using any SoccerZone facilities or play area, understand that he/she/I in attending any program and using the facilities does so at his/her/my own risk. SoccerZone, and its owners, employees and agents, and Eccentric Entertainment and its owners, employees and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully and forever release, discharge and hold harmless SoccerZone, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by SoccerZone. He/she/I understand(s) that failure to do so may result in suspension from participation. CONSENT: I, the undersigned parent of/guardian of/participant verify that they are in good health and I assume the health responsibility for the participant and do hereby grant authority to the staff of SoccerZone to render judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize SoccerZone and its assigns to utilize any and all photographs, pictures or other likeness of me as they deem appropriate in its promotional materials.

I have carefully read this agreement and release of liability and fully understand its contents and agree to the terms and conditions it contains.

Participant Name: _____ Date of Birth: _____

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Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Emergency Contact Phone#: _____ Email: _____



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