AGREEMENT TO PARTICIPATE WITH WAIVER AND RELEASE OF LIABILITY DISCLAIMER

GOLDEN FIELDS, LLC (Golden $Goal^{TM}$) IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER WAY INVOLVED IN GOLDEN GOAL TM ACTIVITIES FOR ANY REASON WHATSOEVER, OTHER THAN NEGLIGENCE ON THE PART OF GOLDEN GOAL OR ITS AGENTS EMPLOYEES, SPONSORS, VOLUNTEERS AND ALL OTHERS WHO ARE INVOLVED IN THE OPERATION.

In consideration of my being allowed to participate in any way in the Golden Goal program, related events and activities, I hereby release and covenant not-to sue Golden Goal, and/or its members, directors, employees, instructors or agents, from any and all present and future claims resulting from property damage, personal injury or wrongful death, arising out of my participation in Golden Goal, its members, directors, employees, instructors or agents. I hereby voluntarily waive any and all claims arising out of my participation in Golden Goal activities, and activities incidental thereto, other than claims of negligence on the part of Golden Goal, its members, directors, employees, instructors or agents. In hereby voluntarily waive any and all claims arising out of my participation in Golden Goal activities, and activities incidental thereto, other than claims of negligence on the part of Golden Goal, its members, directors, employees, instructors or agents, both present and future, which may be made by me, my family, estate, heirs or assigns. Further, I am aware that vigorous team sports at times involve severe cardiovascular stress and violent physical contact. I understand that there involves certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that there is a particularly high risk of ankle, knee, head and neck injury. In addition, I understand that participation at Golden Goal involves activities incidental thereto, including but not limited to, travel to and from the site activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants.

I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I further agree to indemnify and hold harmless Golden Goal and others listed for any and all claims arising out of my participation in Golden Goal activities or any activities incidental thereto, wherever, whenever or however the same may occur.

I give Golden Goal or its designee the irrevocable right to take and use my name, picture, likeness, photograph, film, video, digital and printed media and/or verbal statement in all forms and media and in all manners for any advertising, distributions, promotions, Internet (web site), social and other media and/or publicity purposes of Golden Goal.

Consent and Release of Likeness: I hereby grant to Golden Goal, the right, license and permission to record me for the purposes of marketing. In connection therewith, I hereby release them and each of them from all liability.

I waive any rights I may have in connection with any use of the material, including any right to inspect or approve the finished use, including any written copy that may be created in connection with such use. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in the Northern District of New York or in Washington County, State of New York.

I hereby give permission to the Coach and the staff at the Golden Goal to secure appropriate medical care, which may include x-rays, routine tests and treatment for my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by Golden Goal to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

I further acknowledge that I fully have reviewed and understand all of the documents in the Coach's Handbook and all forms that I have executed to qualify myself and/or my child to participate at Golden Goal.

and of my child to participate at Golden Godi.
PARTICIPANTREAD AND SIGN I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me. DATE SIGNED PRINT NAME EMAIL ADDRESS PARTICIPANT SIGNATURE
FOR PARENTS/GUARDIANS OF MINORITY AGE PARTICIPANT (Under Age 18 as of tournament date) This is to certify that I, as parent/guardian with legal responsibility for this participant, have read the above waiver and Agreement to Participate and agree to his/her release as provided of all the releases and for myself, my heirs, assigns and next of kin, I release and agree to hold harmless the liabilities incident to my minor child's involvement or participation in these outlined activities or programs as provided above, to the fullest extent permitted by the law.
I recognize that these activities involve the potential for injury, which is inherent in all sports and acknowledge that my child is in good health and I know of no medical condition that would prevent him/her from participating in any events. I further agree to instruct my/our minor child to comply with the stated and customary terms and conditions for participation in the program or activity itself. If the minor child does not comply, I will remove my child from participation and bring such to the attention of the nearest Golden Goal official immediately.
I further agree, as parent/guardian that the above participant is adequately covered by my own personal health/athletic participant liability insurance while at Golden Goal. In the event that I cannot be reached, it is permissible for Golden Fields LLC to have medical staff, doctor and/or hospital treat my child for any medical reasons deemed necessary.
DATE SCALED PRINT NAME
DATE SIGNED PRINT NAME
EMAIL ADDRESS PARENT SIGNATURE
FOR COACHES, CHAPERONES, AND REFEREESREAD AND SIGN I affirm that I am freely signing this agreement. I have read this form & fully understand that by signing this form, I am giving up legal rights and/or remedies,
which may be available to me.
I further agree as parent/guardian that the above participant is adequately covered by my own personal health or athletic participant liability insurance while at Golden Goal.
DATE SIGNED PRINT NAME
EMAIL ADDRESS COACH/CHAPERONE/REFEREE SIGNATURE