

LIABILITY RELEASE, WAIVER, DISCHARGE & COVENANT NOT TO SUE

This is a legally binding Release, Waiver, Discharge & Covenant Not To Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives, and assigns (hereinafter collectively, "Releasor", "I", or "me" or my child ) to **Bubble Soccer Orlando and All 4 One Sports**

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the activities provided by **Bubble Soccer Orlando and All 4One Sports**. As the undersigned Releasor, I understand that **Bubble Soccer Orlando and All 4 One Sports**. does not require me to participate in these activities, at no designated time, but I want to do so despite the possible dangers and risks and despite this Release. The risk of injury from these activities is present, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I agree to assume and take on myself all the risks and responsibilities in any way arising from or associated with said activity, and I release **Bubble Soccer Orlando and All 4 One Sports**. from any and all claims, demands, suits, judgments, costs, damages, actions, and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the participation in said activities, including any injury or harm to me, my death, or damage to my property (collectively, "Liabilities"), and I agree to defend, indemnify and hold **Bubble Soccer Orlando and All 4 One Sports**. harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means that I am giving up, among other things, all rights to sue for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as me. I also affirm that I have adequate medical and health insurance to cover any medical assistance I may require. I agree that this Release shall be governed for all purposes by the law of the State of Florida, without regard to such law on choice of law.

I have read this Release in its entirety fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

**Releasor's Name**

**Sons or Daughters name** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_