

#### Tryout Waiver:

In consideration of my or my child's participation in this or related events hosted by Passaro Group LLC and Soccer Group Inc., I agree to assume the risks incidental to such participation and use (which risks may include, among other things, concussions, muscle injuries and broken bones) and, on my own or my child's behalf, and on behalf of my or my child's heirs, executors and administrators, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child's participation in such activity, and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, all attorney's fees and disbursements. For this event, and in the event that my child or I choose to participate in the events associated with Passaro Group LLC and Soccer Group Inc., the released parties are Soccer Group Inc., Passaro Group LLC, Inter Florida F.C., Inter Florida Academy, their parent, related and affiliated companies, and the officers, directors, employees, agents, representatives, successors and assigns of each of the foregoing entities. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by me or my child, before, during or after such participation. I declare that my child or I are physically fit and have the skill level required to participate in this particular event. I further authorize medical treatment for my child, or myself at my cost, if the need arises. I also understand that my child or I may be required to leave the premises should my child or I exhibit undesirable conduct.

This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court in and for Broward County, Florida, for the court sitting in said county having subject matter jurisdiction. I certify that I am 18 years of age or older. Parent or guardian signature required.

#### Concussion Protocol:

In the event that your child has an injury to the head or neck, after evaluation we will remove him/her from play and a physician's note will be required to return back to the academy. We take injury, especially to the head and neck area, extremely serious. Your child's safety is our first priority.