

SPORTS CENTER OF RICHMOND, INC.

PARTICIPANT REGISTRATION

Adult Participant/Parent Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email address: _____ (your email address is your Member Login for schedules, etc.)

Minor Participant Name: _____ Sex: _____ Birth Date: _____

Minor Participant Name: _____ Sex: _____ Birth Date: _____

Minor Participant Name: _____ Sex: _____ Birth Date: _____

EMERGENCY CONTACT (Name, Relation, and Phone Number(s)): _____

Primary Care Physician: _____

Known Allergies: _____

Present Medications: _____

Known Medical Conditions: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in Sports Center of Richmond, Inc., d/b/a Sports Center of Richmond or SCOR ("SCOR") activities, including, without limitation, camps and clinics, leagues, parties, corporate and group events, games, inflatables, boxing, cornhole, volleyball, dodgeball, wiffleball, soccer, baseball, lacrosse, flag football, football, ultimate frisbee, and field hockey ("Activities"), at the SCOR facility located at 1385 Overbrook Road, Richmond, Virginia 23220, or any other location, I, for myself and for my personal representatives, assigns, heirs, and next of kin, and for any minors identified above:

ADULT PARTICIPANT ACKNOWLEDGEMENT AND RELEASE

ACKNOWLEDGE, agree, and represent that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

ACKNOWLEDGE AND FULLY UNDERSTAND THAT: (a) THE ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition of the facility or location in or at which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

HEREBY RELEASE AND FOREVER DISCHARGE SCOR, RICHMOND INDOOR SOCCER & SPORTS, LTD., and each of their respective shareholders, directors, officers, administrators, agents, members, volunteers, contractors, and employees, all other participants, any sponsors, advertisers, and, if applicable, any other owner or lessor of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) from, AND COVENANT NOT TO SUE RELEASEES for, ALL LOSSES, COSTS, CLAIMS, DEMANDS, EXPENSES, CAUSES OF ACTION, LOSSES OF USE, AND DAMAGES I may have, or that may hereafter accrue to me, as a result of my participation in the Activities.

AGREE TO INDEMNIFY, DEFEND, AND HOLD SCOR AND ALL OTHER RELEASEES HARMLESS from any and all loss, cost, claim, demand, expense, cause of action, loss of use, damages, and liability by reason of injury (including death) to persons or

damage to property caused by, arising out of, or resulting from my participation in the Activities, irrespective of who may be the cause of such loss, cost, claim, demand, expense, cause of action, loss of use, damages, or liability.

In the event of an EMERGENCY OR NON-EMERGENCY SITUATION REQUIRING MEDICAL TREATMENT, I hereby grant permission for any and all medical and/or dental attention to be administered to me, in the event of illness or an accidental injury, until such time as I regain mental capacity. This permission includes, but is not limited to, THE ADMINISTRATION OF FIRST AID, THE USE OF AN AMBULANCE, TRANSPORT TO AN AREA HOSPITAL, AND THE USE OF ANESTHESIA AND SURGERY UNDER THE RECOMMENDATION OF QUALIFIED MEDICAL PERSONNEL.

Any term or provision of this Agreement which is invalid or unenforceable in any jurisdiction will, as to that jurisdiction, be ineffective to the extent of such invalidity or unenforceability without rendering invalid or unenforceable the remaining terms and provisions of this Agreement or affecting the validity or enforceability of any of the terms or provisions of this Agreement in any other jurisdiction. If any provision of this Agreement is so broad as to be unenforceable, the provision will be interpreted to be only so broad as is enforceable. This Agreement shall be governed and construed in accordance with the laws of the Commonwealth of Virginia.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE, INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Adult Participant: _____ Date: _____

RELEASE AND ACKNOWLEDGEMENT FOR MINOR PARTICIPANTS

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, ACKNOWLEDGE, AGREE, AND REPRESENT THAT I UNDERSTAND THE NATURE OF THE ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITIES. I FURTHER AGREE AND WARRANT THAT IF AT ANY TIME I BELIEVE CONDITIONS TO BE UNSAFE, I WILL IMMEDIATELY DISCONTINUE THE MINOR'S FURTHER PARTICIPATION IN THE ACTIVITY. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT: (a) THE ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, including the minor, the condition of the facility or location in or at which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

I HEREBY RELEASE AND FOREVER DISCHARGE SCOR, RICHMOND INDOOR SOCCER & SPORTS, LTD., and each of their shareholders, directors, officers, administrators, agents, members, volunteers, contractors, and employees, all other participants, any sponsors, advertisers, and, if applicable, any other owner or lessor of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) from, AND COVENANT NOT TO SUE RELEASEES for, ALL LOSSES, COSTS, CLAIMS, DEMANDS, EXPENSES, CAUSES OF ACTION, LOSSES OF USE, AND DAMAGES I or the minor may have, or that may hereafter accrue to me or the minor, as a result of the minor's participation in the Activities.

I AGREE TO INDEMNIFY, DEFEND, AND HOLD SCOR AND ALL OTHER RELEASEES HARMLESS from any and all loss, cost, claim, demand, expense, cause of action, loss of use, damages, and liability by reason of injury (including death) to persons or damage to property caused by, arising out of, or resulting from the minor's participation in the Activities, irrespective of who may be the cause of such loss, cost, claim, demand, expense, cause of action, loss of use, damages, or liability.

In the event of an EMERGENCY OR NON-EMERGENCY SITUATION REQUIRING MEDICAL TREATMENT, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of illness or an accidental injury, until such time as I can be contacted. This permission includes, but is not limited to, THE ADMINISTRATION OF FIRST AID, THE USE OF AN AMBULANCE, TRANSPORT TO AN AREA HOSPITAL, AND THE USE OF ANESTHESIA AND SURGERY UNDER THE RECOMMENDATION OF QUALIFIED MEDICAL PERSONNEL.

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I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE, INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW, AND.

Signature of Parent/Guardian: _____ Date: _____