

LEGACY SPORTS COMPLEX CORP.

LIABILITY WAIVER AGREEMENT

In consideration of the services of Legacy Sports Complex Corp, its owners, agents, officers, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Legacy"), I hereby agree to release, discharge and hold harmless Legacy on behalf of myself, my children, my parents, my heirs, assigns, personal representative and personal representatives in estates as follows:

- (1) I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of Legacy pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property or to third parties. The following describes some, but not all of those risks:

Athletic sports training and other classes taught at Legacy have certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, the athletes would not improve their skills and the enjoyment of the sport would be diminished. Sports training and the other skills taught by Legacy expose participants to the usual risk of cuts and bruises, and other more serious risks as well. Participants often fall, sprain or break wrists and ankles and can suffer more serious injuries. In any event, if you or your child is injured, medical assistance may be required which you must pay for yourself.

- (2) I expressly agree and promise to accept and assume all the risks, known and unknown, connected with Legacy's related activities.
- (3) I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Legacy from any and all liabilities, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in Legacy's related activities.

By signing this form I am indicating that I knowingly accept and assume the risk of injury that might occur from participation in any Legacy program and/or activity. I acknowledge and understand that there is a risk of injury involved in participation and that neither Legacy, nor its trained professionals, can eliminate the risk of injury. **BY PRINTING AND SIGNING YOUR NAME, YOU ARE STATING THAT YOU HAVE READ AND FULLY UNDERSTAND THIS INFORMATION.**

CHILD'S NAME

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date