

OLE BRAZIL INC - WAIVER OF LIABILITY AND RELEASE FORM

I, by my signature below, as parent or legal guardian of a player, acknowledge, agree, and understand that:

1. The risk of injury and illness from the activities involved in the Programs is significant, including (without limitation) the potential for injury or illness – in particular and not by way of limitation, risks of exposure, directly or indirectly, arising out of, contributed to or by, or resulting from any infectious or communicable disease, including (without limitation) the current or any future outbreak of the novel coronavirus (COVID-19) and/or any mutation or variation thereof – and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury or illness does exist. I knowingly and freely, for myself and on behalf of my child, assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my and my child's participation in the Programs.

2. There are certain risks and hazards involved in participating in sports that may result in injury to my child or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.

3. The very nature of the game is hazardous and risky, including, but not limited to, the acts of throwing, kicking and catching of the ball, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury to my child and to other players.

I, by my signature below, as parent or legal guardian of a player represent that:

1. My child has received a physical examination by a physician and has been found physically capable of participating in the all of the programs of OLE BRAZIL INC, LLC or any of its affiliated teams and leagues.

2. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

3. If it appears that my child may have sustained a concussion or head injury that s/he is to be removed from the competition until such time that a trained medical professional can examine them and approve their return to play soccer. In such case, I understand that I am to provide a written clearance for my player to return to play soccer.

Further, I, by my signature below, as a parent or legal guardian of a player, agree that in consideration for the right to play as a member of the team and in consideration for permission to play on the fields arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by my child:

a. while practicing or playing as a member of the team or as a participant in a sports camp, tryout or clinic;

b. while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my child's team;

c. while on or upon the premises of any and all of the fields arranged for by my child's team or league for practice or play; and

d. while being transported to or from the fields where my child is playing, which transportation I authorize.

2. I release, discharge, indemnify and agree not to sue the team and league designated, including OLE BRAZIL INC, LLC, the field owners or other entity designated, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league or field for any claim, damages, costs or cause of action which I have or may have, or my child has or may have, in the future as a result of injuries or damages sustained or incurred by my child from whatever cause.

3. In addition, I hereby authorize OLE BRAZIL INC, LLC to utilize any and all photographs, pictures, videos, or other likeness of the participants as they deem appropriate in its promotional efforts.

PARTICIPANT'S NAME: _____

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): _____

PARENT / GUARDIAN NAME: _____

PARENT / GUARDIAN SIGNATURE: _____

DATE: ____ / ____ / ____