

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, THE UNDERSIGNED, OR ON BEHALF OF THE UNDERSIGNED (“PARTICIPANT”) HEREBY EXECUTE THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM (“Form”), and agree and/or affirm the following:

1. I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ATHLETIC ACTIVITY AS PART OF THE ISLAMIC SOCCER FEDERATION OF AMERICA (“ISFA”) SOCCER ACADEMY (“ATHLETIC ACTIVITY”) OR WITH ISFA OR ISLAMIC CENTER OF NAPERVILLE (“ICN”) OR ITS AFFILIATES (“SOCCER ACADEMY”). I AFFIRM MY UNDERSTANDING OF THE POSSIBILITY OF INJURY, SERIOUS INJURY, DISABILITY, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT DUE TO MY PARTICIPATION IN ATHLETIC ACTIVITY, FROM ISFA AND ICN PARTICIPANTS, EMPLOYEES, PATRONS, OR FROM ISFA’S FACILITIES OR EQUIPMENT; WAIVE ANY CLAIMS AGAINST, RELEASE, AND FOREVER DISCHARGE ISFA AND ICN FOR ANY LIABILITY THAT MAY ARISE DUE TO MY INJURY, SERIOUS INJURY, DISABILITY, DEATH, OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN ATHLETIC ACTIVITY FROM ISFA AND ICN PARTICIPANTS, EMPLOYEES, PATRONS, OR FROM ISFA’S FACILITIES OR EQUIPMENT.
2. I certify that there are no health-related reasons or problems that preclude Participant’s participation in Athletic Activity. I understand physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the care taken to prevent or minimize the risk of harm. Some of these activities involve strenuous exertions using various muscle groups, some involve quick movements involving speed and change of direction, some involve potential contact with equipment, balls, fixed objects, other participants (who may be older, younger, larger, or smaller than Participant), and various surface types, and other similar variables that involve sustained physical activity that stresses the cardiovascular and nervous systems. Specific risks vary from one activity to another, but in each case, risks range from cuts, bruises, strains, sprains, blistering, and other minor injuries; broken bones, concussion, lost teeth, or other major injuries; or heart attacks, fractured skull, disfigurement, loss of mental capacity, loss of sensory capabilities, paralysis, death, or other catastrophic injuries.
3. I acknowledge that risk of injury from the activities involved in Athletic Activity is significant, including the potential for concussions, brain/head injuries, or death.  
PARTICIPANT AND MYSELF, FOR MYSELF AND ON BEHALF OF PARTICIPANT, KNOWINGLY, AND FREELY ASSUME ALL RISKS IN ANY WAY RELATING TO, ARISING FROM OR ASSOCIATED WITH PARTICIPATION IN ANY ATHLETIC ACTIVITY, BOTH KNOWN AND UNKNOWN, even if arising from the negligence of ISFA or ICN, their participants, employees, patrons, or others, and assume full responsibility for Participant’s participation in Athletic Activity.
4. I understand that by participating in Athletic Activity, Participant may be exposed, or expose others, to contagious and potentially harmful or deadly diseases such as influenza, common cold, corona-related viruses, chicken pox, meningitis, measles, or other similar agents. Participant may be exposed to said risks, exposure to large crowds, and exposure to risks related to receipt of treatment for any physical conditions. I and Participant assume all of these and other associated risks.

5. Participant and I assume the risk of all conditions and consequences, dangerous or otherwise, arising from Participant's participation in Athletic Activity in any way relating to or associated with concussions, subconcussive blows, or brain or head injuries, including but limited to possible acute and long term neurocognitive and neurophysiological consequences as a result of Participant's participation in Athletic Activity.
6. Participant and I acknowledge that Participant's participation in Athletic Activity is without assumption of responsibility or risk of any kind by ISFA and ICN, and ISFA and ICN make no representations or warranties of any kind with respect Participant's participation in Athletic Activity. I acknowledge that this Form will be used by ISFA or ICN, and that it will govern my and Participant's actions and responsibilities while participating in Athletic Activity. In consideration of my application and permitting me to participate in Athletic Activity, this Form shall be binding upon myself, Participant, and our respective executors, administrators, heirs, next of kin, successors, and assigns.
7. I hereby indemnify and hold harmless ISFA and ICN from any and all liabilities, obligations, or claims arising from my participation in Athletic Activity.
8. I hereby consent to Participant receiving medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this activity.
9. I understand that ISFA and ICN do not assume any responsibility or obligation to provide Participant and I with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance.
10. I grant and convey ISFA and ICN all rights, title, and interests in any and all photographs, images, videos, or audio recordings of Participant or me.
11. This Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
12. Participant and I have had the opportunity to review this Form in its entirety and understand the nature of Athletic Activity; understand the demand of Athletic Activity relative to the physical condition and skill level of Participant; and appreciate the types of injuries, illnesses, and risks related to the Participant's participation in Athletic Activity and the treatment for any physical or medical condition which may occur as a result of participation in Athletic Activity. Participant and I hereby assert that participation in Athletic Activity and use of related facilities and services is voluntary and that Participant and I knowingly assume all related risks.
13. PARTICIPANT AND I ACKNOWLEDGE THAT BY SIGNING THIS AGREEMENT WE ARE RELINQUISHING SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO PURSUE CLAIMS OR FINANCIAL RECOVERY FOR, AMONG OTHER THINGS, INJURIES OR ILLNESS INCURRED BY PARTICIPANT WHILE PARTICIPATING IN ATHLETIC ACTIVITY INCLUDING, BUT NOT LIMITED TO BRAIN OR HEAD INJURIES SUCH AS THOSE WHICH MAY BE ASSOCIATED WITH CONCUSSION AND SUBCONCUSSIVE BLOWS, OR INCURMENT OF OR DAMAGES FROM ILLNESS, REGARDLESS OF WHETHER SUCH INJURY OR ILLNESS RESULTS FROM THE

INHERENT RISKS OF THE ACTIVITY OR FROM THE NEGLIGENCE OF ISFA.

Participant Name

Date.

Participant's Signature

**COMPLETE SECTION BELOW IF PARTICIPANT ABOVE IS A MINOR:** I am the parent or legal guardian of the participant named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Accident Waiver and Release of Liability Form on the participant's behalf.

Parent or Legal Guardian (Print

Name): \_\_\_\_\_ Signature:

\_\_\_\_\_ Date: \_\_\_\_\_