

DISCLAIMER/WAIVER

I, _____, have decided by my own will that I wish to participate in the soccer tournament BROWARD PREMIER SOCER LEAGUE organized by Jorge Miguel Andrade in the Brian Piccolo Park field located at 9501 Sheridan St. Cooper City, Florida. This tournament is directed to those teams that meet the ages and follow the rules established for the tournament.

Jorge Miguel Andrade and the Broward County Boards of Commissioner, do not organize teams for the tournament of Jorge Andrade, they simply establish a program for the games for the teams that decide by free will to participate use the field under the rules and regulations of the tournament.

Jorge Andrade, Brian Piccolo Park and the Broward County Boards of Commissioner, do not provide any type of medical insurance in case of accident or death. It is the responsibility and risk of each participant of the different teams to solve any kind of lesion that could take place during the tournament. Being this a sport of contact, said risk is present at all times.

The content and signature of this document acknowledges that the player knows the risks of this sport; that he understands the possibility of lesions exist and, that of his free will decided to be exposed to this risk by participating in the already mentioned tournament. With the signature of this document, the participant exonerates Jorge Miguel Andrade, Brian Piccolo Park and the Broward County Boards of Commissioner of any responsibility in case that the signer suffers any type of injury.

Please answer the following questions :

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| <p>1.- How many years have you practiced and participated in soccer tournaments?.....</p> <p>2.- Have you ever had any previous injuries: YES NO . Have you ever broken (fractured) you leg right ____ left ____</p> <p>3.- Do you have insurance YES NO Name.....</p> <p>4.- Do you smoke YES NO..... Have you even had heart problems?.....</p> <p>5.- This document is written in English. Do you understand it completely? YES NO .</p> |
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If you do not have insurance you SHOULD NOT participate in this tournament since you have no coverage and the organizers do not provide any insurance. Smoking increases the health risks. Before participating you should be checked by your doctor. If knowing all of this risks, decide to participate, with the signature of this document you *FREE JORGE ANDRADE, BRIAN PICCOLO PARK AND THE BROWARD COUNTY BOARDS OF COMMISSIONER OF ANY RESPONSIBILITY.* Providing false information to be accepted exposes you to a greater risk and judicial liability.

TO WHOM IT MAY CONZER: I, _____, acknowledge that I have read and signed this document of my free will, to allow the organizer of the tournament to permit me to participate in the already mentioned soccer tournament. The participant acknowledges that he has carefully read this document; he has had the opportunity of asking any questions he may have; he understands its content and has signed of his own free will, with no coercion.

Signature of Participant

WITNESS

WITNESS

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me on this.....day of 2006,
by..... whom is personally known to me or has produced Florida Driver License.....as identification and who did/did not/ take an oath.

Notary Public At Large