PARTICIPANT'S ASSUMPTION OF RESPONSIBILITY, WAIVER AND RELEASE AGREEMENT FOR USE OF FACILITIES OR TENANTS OF EVENTS AT ANAHEIM MARKETPLACE SECTION I

In consideration of being allowed to participate as a student, player, observer, coach, team captain, instructor, lecturer, organizer, or in any capacity whatsoever, utilizing any of the facilities at Anaheim Indoor Marketplace, including the sporting venues, soccer arena, Studio, or Hall, (hereinafter the "Marketplace Facilities"), or such other activities as may be contemplated (the "Activities"), the undersigned participant (hereinafter "Participant"), on behalf of the Participant and Participant's heirs, successors and assigns, hereby waives all claims of whatever nature, and forever releases, remises, acquits, discharges and holds harmless Anaheim Indoor Marketplace, including its affiliates, subsidiaries, licensees, sponsors, advertisers, and each of their respective directors, officers, shareholders, partners, owners, agents, employees and all other persons, firms, corporations, associations or partnerships associated therewith (collectively "Releasees"), from any and all claims, demands, actions or causes of action arising out of or related to any losses or injuries to the person or property, or both ("Claims and Damages"), of Participant which may result, be claimed, sustained or received by Participant as a result of Participant participant participating in the Activities.

Participant acknowledges that by participating in the Activities, Participant agrees to abide by all rules relating to the Activities and/or the use of The Marketplace Facilities and voluntarily assumes all risks and dangers known or unknown, foreseen or unforeseen, attendant to the Participant's participation in the Activities.

Participant acknowledges that the Activities may be inherently dangerous, and that there is risk of injury at such events, and Participant knowingly and voluntarily assumes such risks in consideration for being allowed to participate in the Activities.

Participant understands that by signing this Release Agreement, Participant covenants and agrees that Participant, as well as Participant's heirs, executors, administrators, successors and assigns, will never institute any suit or action at law, or otherwise, against any of the Releasees, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damage, loss or injury either to Participant's person or property, or both, which may result from Participant's participation in the Activities or in any other activity associated therewith. The undersigned further declares and represents that this Release Agreement contains the entire agreement between the parties relating to the participation of Participant in the Activities.

Should any legal action or proceeding be commenced by either party hereto in connection with this Release Agreement, the prevailing party or parties shall be entitled to recover from the losing party the prevailing parties' actual attorneys' fees and costs incurred in connection with such action or proceeding.

Each person signing this Agreement has read an fully understands and agrees to all of the terms of this Agreement, including those terms and provisions on the reverse side hereof and any riders attached hereto, and agrees that this Agreement shall remain in full force and effect for a period of two (2) years following the date the undersigned last participated in any Activities at The Marketplace Facilities.

				Date:
PARTIFÇIPANT (PRINT NAME)		PARTICIPANT & PARENT (SIGNATURE)		
Age:	*	Date of Birth:	Phone No.:	
· · ·				Date:
PARTIFCIPANT (PRINT NAME)		PARTICIPANT & PARENT (SIGNATURE)		
Age:	*	Date of Birth:	Phone No.:	
				Date:
PARTIFCIPANT (PRINT NAME)		PARTICIPANT & PARENT (SIGNATURE)		
Age:	*	Date of Birth:	Phone No.:	
				Date:
PARTIFCIPANT (PRINT NAME)		PARTICIPANT & PARENT (SIGNATURE)		
Age:	*	Date of Birth:	Phone No.:	
		*IF PARTICIPANT IS UNDER 18,		
MINOR'S FO	RM MU	ST BE SIGNED BY PARENT OR GUARDIA	N AS WELL	

Page 7 of 8

COACH, TEAM CAPTAIN, INSTRUCTOR, LECTURER, OR ORGANIZER, ASSUMPTION & AGREEMENT TO INDEMNIFY SECTION II

The undersigned Coach, team captain, instructor, lecturer, or organizer (hereafter collectively referred to as "Coach") acknowledges that he is undertaking the responsibility and obligation to verify that each Participant or invitee utilizing The Marketplace Facilities has read and understood the rules relating to the Activities and/or the use of The Marketplace Facilities and has signed this Agreement on the reverse side hereof, and personally agrees to hold harmless and indemnify Releasees from any and all Claims and Damages, which otherwise could be made by Participant, if such Participant has been allowed to utilize The Marketplace Facilities or participate in the Activities and had not properly completed and signed the Participant's Agreement, specifically including the Participant's Assumption of Responsibility, Waiver and Release portion thereof.

The "Coach" is responsible to obtain insurance for the benefit if the participants, and as well as for the benefit of Anaheim Indoor Marketplace.

COACH'S SIGNATURE

Date:_____

PRINTED NAME

WAIVER AND RELEASE AGREEMENT PARENT OR GUARDIAN'S ACKNOWLEDGEMENT AND AGREEMENT OF MINOR'S WAIVER, DISCLAIMER AND RELEASE SECTION III

I as parent or guardian of ______, the above-named Participant, represent to Releasees that the facts herein contained and the information provided by said Participant to Releasees, including player registration and all information and acknowledgements and agreements set forth in this Participant's Agreement, including Section I above, concerning my child or ward are true and give my permission for my child or ward to participate in the Activities.

I further agree, individually and on behalf of my child or ward, to the terms of the above Agreement, and further I specifically authorize the Coach, team captain, instructor, lecturer, or organizer to consent to medical, surgical or dental examination and/or treatment. If there is an emergency and I cannot be reached, please contact the person whose name is indicated below (if none is indicated, I agree that I will be present at all times the Participant is involved in any Activities).

Medical Provider's Name:	Phone Phone	e Number:
Emergency Contact Name:	Phone Phone	e Number:
Insurance Company (if any):	Policy	Number:
Address of Emergency Contact:		
Parent/Guaradian's Signature:		
Printed Name:		
Address:		-
Phone No.:		-
Identification:		-
Date:		-