KEEPERS EDGE GOALKEEPING

Goalkeeper Training Services | Brandon Jachera & Aidan Jachera | Est. 2026

PARTICIPANT WAIVER AND RELEASE OF LIABILITY

ASSUMPTION OF RISK AGREEMENT

Please read carefully before signing. This is a legal document.

This Waiver and Release of Liability ("Agreement") is entered into by the undersigned participant or, if the participant is a minor (under 18 years of age), by the participant's parent or legal guardian (collectively, "Participant") in connection with participation in goalkeeper training sessions, clinics, and related activities organized or facilitated by Keepers Edge Goalkeeping ("Keepers Edge").

1. ASSUMPTION OF RISK

Participant acknowledges that participation in goalkeeper training and soccer-related activities involves inherent risks of injury, including but not limited to sprains, strains, fractures, concussions, and other physical harm. Participant voluntarily assumes all such risks, both known and unknown, associated with participation in any Keepers Edge activity.

2. RELEASE OF LIABILITY

In consideration of being permitted to participate in activities organized by Keepers Edge Goalkeeping, Participant hereby releases, waives, and discharges Keepers Edge Goalkeeping, Brandon Jachera, Aidan Jachera, and their respective coaches, trainers, staff, volunteers, and agents (collectively, "Releasees") from any and all claims, demands, damages, losses, or liability arising out of or related to participation in training sessions or related activities, including claims arising from the negligence of the Releasees, to the fullest extent permitted by New Jersey law.

3. MEDICAL AUTHORIZATION

Participant consents to emergency medical treatment in the event of injury or illness during a training session or activity when the Participant is unable to communicate. Participant agrees to be financially responsible for any costs associated with such treatment.

4. PHOTO AND MEDIA RELEASE

Participant grants Keepers Edge Goalkeeping permission to photograph or record Participant during training sessions and to use such images or footage for promotional, educational, or social media purposes without compensation.

5. HEALTH CERTIFICATION

Participant certifies that, to the best of their knowledge:

- The participant is in good physical health and has no known medical conditions that would prevent safe participation in goalkeeper training.
- Any known medical conditions, allergies, or physical limitations have been disclosed to Keepers Edge Goalkeeping prior to participation.
- Participant has been advised to consult a physician prior to participation if there is any doubt about their physical readiness.

6. INDEMNIFICATION

Participant agrees to indemnify and hold harmless Keepers Edge Goalkeeping and its coaches, staff, and agents from any claims, costs, or expenses, including reasonable attorney's fees, arising from Participant's participation or conduct during training activities.

7. GOVERNING LAW

This Agreement shall be governed by the laws of the State of New Jersey. If any provision of this Agreement is found to be unenforceable, the remaining provisions shall remain in full force and effect.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ THIS ENTIRE AGREEMENT, UNDERSTAND ITS CONTENTS, AND VOLUNTARILY AGREE TO ITS TERMS. I UNDERSTAND THAT I AM WAIVING CERTAIN LEGAL RIGHTS BY SIGNING THIS DOCUMENT.

PARTICIPANT FULL NAME _____ DATE OF BIRTH _____

KNOWN MEDICAL CONDITIONS / ALLERGIES (WRITE "NONE" IF NOT APPLICABLE) _____

IF PARTICIPANT IS 18 YEARS OF AGE OR OLDER

PARTICIPANT SIGNATURE _____ DATE _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE — PARENT OR LEGAL GUARDIAN MUST SIGN

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PARENT / GUARDIAN PRINTED NAME _____ RELATIONSHIP TO PARTICIPANT _____