

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT ("Agreement")

In consideration of being permitted to be present at, attend, observe, and participate in Fairfax Sportsplex Inc. activities, including, but not limited to, camps, clinics, leagues, rentals, parties, corporate and group events, games, volleyball, soccer ("Activities"), at the Fairfax Sportsplex facility located at 6800 Commercial Drive Springfield Virginia 22151, I, for myself and for my child(ren) (collectively referred to herein as "me," "I," or "my"), personal representatives, assigns and heirs:

1. Acknowledge, agree, and represent that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical condition to participate in them. I further agree and warrant that if at any time I believe conditions to be unsafe, or if at any time my health suffers, I will immediately discontinue participation and leave if appropriate.
2. Authorize Fairfax Sportsplex Inc., its respective owners, investors, members, managers, shareholders, agents, directors, officers, volunteers, employees, landowners, subsidiaries, and affiliated companies (collectively, "releases") and medical care provider(s) to carry out any emergency medical transport or medical care for me, as may be necessary in their sole discretion, and agree to be fully responsible for any costs associated with such transport and care. I acknowledge and agree that Fairfax Sportsplex Inc. is not responsible for any injuries resulting from medical care Fairfax Sportsplex Inc. authorizes, and I agree to indemnify and hold Fairfax Sportsplex Inc. harmless for any such injury.
3. Understand that it is my responsibility to comply with all posted and published procedures, including safety and hygiene procedures and protocols intended to lessen the likelihood of the spread of disease among participants and staff. I further understand that it is my responsibility to comply with all laws and other requirements imposed by federal, state, and local authorities.
4. RELEASE, DISCHARGE, HOLD HARMLESS, AND AGREE NEVER TO SUE RELEASES FOR ANY LIABILITY, CLAIM, DEMAND, LOSS, INJURY OR DAMAGE RESULTING FROM OR RELATED TO PARTICIPATION IN OR OBSERVATION OF ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, CUTS; SCRAPES; BRUISES; MUSCLE, JOINT OR OTHER SOFT TISSUE INJURY (SPRAINS/STRAINS); BROKEN OR DISLOCATED BONES; LOSS OF CONSCIOUSNESS, CONCUSSION, TRAUMATIC BRAIN INJURY, OR OTHER HEAD INJURY; DEHYDRATION; EYE INJURY; ILLNESS (INCLUDING, BUT NOT LIMITED TO, CONTRACTION OF COVID-19 AND OTHER VIRUSES); EMOTIONAL DISTRESS; PROPERTY DAMAGE; PERMANENT DISABILITY; PARALYSIS; OR DEATH, CAUSED IN WHOLE OR IN PART BY THE ALLEGED OR ACTUAL NEGLIGENCE OF THE RELEASEES. I further agree that if, despite this Agreement, I or anyone acting on my behalf claims any of the releases, I will DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the releases from any attorney's fees, losses, liability, damage, or expenses which releases may incur as a result of such claim
5. UNDERSTAND THAT THE ACTIVITIES ARE DANGEROUS AND MAY POSE RISKS AND DANGERS, including, but not limited to, falling or loss of balance; striking padded or unpadded surfaces; being injured by equipment; being injured by the actions or inactions of other participants, Fairfax Sportsplex employees, or bystanders; collisions with other participants, Fairfax Sportsplex employees, or bystanders; falls due to slick or uneven surfaces; equipment failures of any kind; equipment misuse by myself or others; injury or illness due to dehydration; potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors); and physical injury or illness as a result of physical activity or being on the premises where the Activities take place, which risks may result in SERIOUS BODILY INJURY, including, but not limited to, cuts; scrapes; bruises; muscle, joint or other soft tissue injury (sprains/strains); broken or dislocated bones; loss of consciousness, concussion, traumatic brain injury, or other head injury; dehydration; eye injury; illness (including, but not limited to, contraction of COVID-19 and other viruses); emotional distress; property damage; permanent disability; paralysis; or

death (collectively, "Risks"). I understand that the Risks may be caused or contributed to by my actions or inactions, the actions or inactions of other participants, bystanders, or Fairfax Sportsplex staff, the conditions and settings in which the Activities take place, or the alleged or actual negligence of the releases. I understand that the description and list of Risks in this Agreement is not complete and that I may encounter risks not specified herein, known or unknown, in connection with the Activities. WITH A FULL UNDERSTANDING AND APPRECIATION OF THE FOREGOING, I VOLUNTARILY AGREE TO ASSUME THE FOREGOING RISKS AND ALL RESPONSIBILITY FOR ANY LOSSES, COSTS, AND DAMAGES I INCUR AS A RESULT OF, OR IN CONNECTION WITH, THE ACTIVITIES.

6. I understand that this Agreement is in effect every time I am on the premises or participate in the Activities. I agree that this Agreement is a contract that will be enforced to the fullest extent allowed by law and will be binding on me, my assignees, subrogees, heirs, assigns, executors, and personal representatives. If any part of this Agreement is deemed to be unenforceable, I agree that the remaining terms shall be enforceable. I acknowledge and agree that this Agreement shall be governed and construed in accordance with the laws of the Commonwealth of Virginia. Other than matters concerning the non-payment of fees, I agree to resolve all disputes with Releases, whether arising in tort, contract, equity, or any other dispute, through BINDING ARBITRATION pursuant to the Virginia Uniform Arbitration Act, Virginia Code section 8.01-581.01, *et seq.* I acknowledge that the binding arbitration shall be without any right of appeal. I agree that the costs of the arbitration services shall be shared equally among the parties to the arbitration, but each party shall bear the cost of its own attorney's fees.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE.

Print Name of Participant: _____

Address: _____ (Street)

_____ (City)

_____ (State, Zip Code)

Email Address: _____

Phone: _____

Participant Signature: _____ Date: _____