



GOLDEN GOAL 2009/2010
CLINICS APPLICATION

303-564-7251

Fax: 303-271-3656

management@goldengoalsc.com



Information:

Participant Name: _____

Parent or Legal Guardian Name: _____

Age & Gender: _____ Age groups will be combined if needed.

Address: _____

City/Zip: _____

Cell Phone #: _____

Email: _____

Emergency Contact/Phone #: _____

Only one name per application. Please fill out completely one form per participant. Thank You!

Which clinic do you plan to attend? (check one)

- Day off Clinic October 16th, 2009**
- Holiday Clinic - Thanksgiving Nov. 23-25, 2009**
- Holiday Clinic - Christmas Dec. 21-23, 2009**
- Day off Clinic - January 4-5, 2010**
- Day off Clinic - January 18th, 2010**
- Day off Clinic - February 15th, 2010**
- Spring Break Clinic -**

Players will receive specialized soccer training on the fundamentals, techniques and tactics necessary to play at a highly competitive level.

We accept the following forms of payment. Cash, checks, Visa, Master Card and American Express.

Make Checks Payable to:
Golden Goal SC
2650 Alkire St.
Golden, CO 80401

NOTE: Credit card will be charged upon receipt.

Credit Card Type (We do not take Discover): _____

Card #: _____

Expiration Date: _____

Charging Amount: (If paying deposit by credit card)

Credit card payments are subject to a one time charge of 4% of the total amount.

Name on Card: _____

Signature: _____

Date: _____

(EACH PERSON USING THE FACILITIES MUST SIGN A RELEASE)

GOLDEN GOAL, INC.

**RELEASE OF LIABILITY AND INDEMNITY AGREEMENT
AND CONSENT FOR MEDICAL TREATMENT
AUTHORIZATION TO USE PHOTOGRAPHS AND/OR VIDEO
OF PARTICIPANT FOR ADVERTISING PURPOSES**

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

“ADULT” means the undersigned adult, being at least 18 years old, signing on behalf of himself/herself and/or the undersigned parent(s) or legal guardian(s), being at least 18 years old, signing on behalf of the minor child participant named below so that the child will be permitted to use the FACILITIES.

“CHILD” means the minor child participant named below. ADULT and CHILD shall collectively be referred to hereinafter as “PARTICIPANT”. PARTICIPANT agrees and understands that Golden Goal, Inc. (“GOLDEN GOAL”) owns and operates an indoor soccer, lacrosse and support facility (the “FACILITIES”). PARTICIPANT agrees and understands that soccer, lacrosse and/or any other uses (each hereinafter an “ACTIVITY”) of the FACILITIES can be HAZARDOUS. ADULT understands that without ADULT’S signature and release on behalf of the CHILD, CHILD will not be permitted to use the FACILITIES.

PARTICIPANT acknowledges that injuries may result from using the FACILITIES. Undersigned acknowledges and understands that PARTICIPANT and his or her authorized guests **ASSUME THE RISK inherent in using the FACILITIES**. PARTICIPANT agrees that PARTICIPANT is responsible for reading, understanding and complying with all signage, including instructions on use of the FACILITIES, and the ADULT agrees to read and obey and to explain such instruction to a CHILD PARTICIPANT and to instruct a CHILD PARTICIPANT to obey all posted signs and warnings and to obey those signs and warnings located at the FACILITIES. PARTICIPANT understands that entering in the FACILITIES when it is “CLOSED” is prohibited and is an illegal trespass.

ADULT acknowledges on ADULT’s and CHILD’s behalf that **INJURIES or DEATH** may result from use of the FACILITIES. ADULT for himself or herself and for and on behalf of CHILD hereby **ASSUMES ALL RISKS** associated with the ADULT’s or CHILD’s use of the FACILITIES, known or unknown, inherent or otherwise, including but not limited to, **injury and/or death** to the ADULT or CHILD, and **HEREBY RELEASES**, on ADULT’s and CHILD’s behalf, **GOLDEN GOAL**, its insurance carriers, subsidiaries, affiliates, officers, directors, representatives, assignees, employees, agents, and shareholders, as well as any equipment manufacturers and distributors (hereinafter the “RELEASED PARTIES”) from **ANY AND ALL LIABILITY** and/or claims that the undersigned ADULT may be entitled to bring on his/her own behalf or that might be brought on behalf of CHILD that arise from the ADULT’s or CHILD’s use of the FACILITIES, including claims based on **NEGLIGENCE OR BREACH OF WARRANTY**. The ADULT represents that **ADULT AGREES TO INDEMNIFY** and hold harmless the RELEASED PARTIES from any and all claims of the ADULT, the CHILD or any other party arising in whole or in part from the ADULT’s or the CHILD’s use of the FACILITIES.

GOLDEN GOAL shall have the right to revoke the privileges to use the FACILITIES, if in the sole judgment of its representative PARTICIPANT: 1) acts in any manner that endangers or may endanger the safety of PARTICIPANT or any other person; 2) violates the law; or, 3) engages in misconduct or creates a nuisance. Such acts may also be prosecuted as a criminal offense.

ADULT authorizes the RELEASED PARTIES and/or their authorized personnel to call for medical care for PARTICIPANT or to transport PARTICIPANT to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. ADULT agrees that upon PARTICIPANT’s transport to any such medical facility or hospital that the RELEASED PARTIES shall not have any further responsibility for PARTICIPANT. Further, ADULT agrees to pay all costs associated with such medical care and related transportation provided for PARTICIPANT and shall indemnify and hold harmless the RELEASED PARTIES from any costs incurred in connection therewith.

In consideration for being permitted to use the FACILITIES, ADULT agrees that **ALL** claims for injury and/or death arising from the ADULT’s and/or CHILD’s use of the FACILITIES shall be **GOVERNED BY COLORADO LAW and EXCLUSIVE JURISDICTION** shall be in the **Jefferson County District Court, Colorado**. This Release shall be binding to the fullest extent permitted by law. If any provision of this Release is found to be unenforceable, the remaining terms shall be enforceable. The undersigned parent or legal guardian acknowledges that he/she is also signing this Release on behalf of the minor CHILD named below, and that the minor CHILD shall be bound by all the terms of this Release. The Undersigned understands and agrees that if this Release was not signed on behalf of the CHILD, the CHILD would not be permitted to use the FACILITIES. This Release shall be binding upon

PARTICIPANT’s assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

PARTICIPANT HAS CAREFULLY READ THIS AGREEMENT, UNDERSTANDS ITS CONTENTS AND SIGNS IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.