INDEMNIFICATION, WAIVER AND RELEASE OF ALL CLAIMS FORM

I, for myself and on behalf of my heirs, assigns, personal representatives, hereby release and discharge FABB Sports, L.L.C. (FABB), its assigns, succssors, employees, agents, invitees, sponsors, participants, referees, owners, directors and the lessors of the premises used to conduct FABB activities, and all other persons or entities involved directly or indirectly ("Released Parties"), with respect to any and all injuries, personal or property, disabilities, death or losses or damages to person or property, claims, causes of action known or unknown, incident to or arising out of my involvement or participation in FABB sponsored activities, or observation thereof, whether arising from the negligence of Released Parties or otherwise, to the fullest extent permitted by the law that I may have now, or in the future. I further, for myself and on behalf of my heirs, assigns and personal representatives, hereby indemnify and hold harmless all of the Released Parties from any and all liabilities incident to my involvement or participation in FABB sponsored activities, even if arising from the Released Parties' negligence, to the fullest extent permitted by law. In addition, I certify that I have no physical condition that would prevent me from participating in the programs sponsored by FABB.

I have read and fully understand and voluntarily execute the Indemnification, Waiver and Release of All Claims Form.

Name (Please Print)	Address	Phone	DOB	Signature

The undersigned Coach/Manager for _____ team (the "Team"), hereby acknowledges that he/she personally witnessed each member of the Team read and execute the FABB Sports, L.L.C. Indemnification, Waiver and Release of All Claims Form.

Signature (Team Coach/Manager) _____ Date _____