

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

RENEWAL TO LICENSE AGREEMENT FOR USE OF SOCCER FIELDS AT HARLEM ROAD PARK BETWEEN JUVENTUS ACADEMY HOUSTON, INC. AND FORT BEND COUNTY

THIS RENEWAL is entered into by and between Fort Bend County ("County"), a body corporate and politic under the laws of the State of Texas, and Juventus Academy Houston, Inc. ("Club"), a recreational association located in the State of Texas.

WITNESSETH

WHEREAS, the parties have previously executed a revocable license agreement on or about September 24, 2019, for a one (1) year term (the "Agreement") incorporated herein by reference;

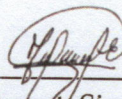
WHEREAS, County and Club now desire to renew the Agreement for an additional one year term;

NOW, THEREFORE, in consideration of the foregoing, the Agreement between the County and Club is hereby amended as follows:

1. The Agreement shall be renewed for an additional one (1) year term beginning October 1, 2020 and ending on September 30, 2021.
2. Club shall ensure that each Club participant signs a "Fort Bend County Park Facilities Acknowledgement of Risk, Release and Waiver of Liability Agreement" attached to this Renewal as "Exhibit A" prior to participation. All signed copies must be maintained by Club and released to County upon request.
3. Except as modified herein, the terms of the Agreement shall remain in full force and effect. If there is a conflict between this Renewal and the License Agreement, the provisions of this Renewal shall prevail. This Renewal shall be effective upon execution by the County.

FORT BEND COUNTY

JUVENTUS ACADEMY HOUSTON, INC.

 KP George, County Judge

 Authorized Agent, Signature

1-5-2021

 Date

 Authorized Agent, Signature

12/13/2020

 Date

Exhibit A

THIS WAIVER MUST BE FILLED OUT BY EACH USER. WHERE THE USER IS UNDER THE AGE OF 18, A WAIVER MUST BE FILLED OUT BY THE MINOR'S PARENT OR LEGAL GUARDIAN.

FORT BEND COUNTY PARK FACILITIES
ACKNOWLEDGEMENT OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT

Notice: This is a legally binding agreement. Please read it thoroughly and understand its contents.

THIS ACKNOWLEDGEMENT OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT sets forth the terms and conditions applicable for use of Fort Bend County Park Facilities (herein referred to as "Activity") with Fort Bend County.

Participating in this Activity presents inherent dangers and risks, both anticipated and unanticipated, including all manner of injury (both physical and emotional), paralysis, death, damage to property or to other participants, or other losses. NONETHELESS, I AGREE THAT I ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN TO ME.

Following consideration and recognition of the inherent risks of participation in Activity, I, RELEASE FROM LIABILITY and WAIVE THE RIGHT TO SUE Fort Bend County, Texas, its employees, officers, volunteers, and agents (collectively "the County") from any and all claims, including those resulting from any physical injury, illness, death, pain or suffering, or economic loss, that I may suffer due to participation in this Activity, whether participation is supervised or unsupervised expressly including but not limited to loss, injury or death caused or contributed to by the negligence or gross negligence of Fort Bend County and/or its employees, officers, volunteers and agents.

If I require medical treatment, the County is authorized to obtain medical treatment for me. I AGREE NOT TO HOLD THE COUNTY RESPONSIBLE FOR ANY CLAIMS RESULTING FROM ANY MEDICAL TREATMENT.

I agree as Parent/Guardian of the below named minor child to indemnify and hold harmless Fort Bend County, its employees, officers, volunteers and agents (collectively "the County") from and against any and all claims made by the minor child arising out of or caused by, directly or indirectly, from any physical injury, illness, death, pain or suffering, economic loss, that the minor child may suffer due to participation in this activity including but not limited to loss, injury or death caused or contributed to by the negligence or gross negligence of Fort Bend County and/or its employees, officers, volunteers and agents.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Texas. I understand the legal consequences of signing this document including (A) RELEASING COUNTY FROM ALL LIABILITY, (B) WAIVER OF MY RIGHT TO SUE COUNTY, AND (C) ASSUMPTION OF ALL RISKS OF PARTICIPATING IN THIS ACTIVITY.

I agree that if any portion of this Release is held invalid or unenforceable, I will continue to be bound by the remaining terms. By my signature, I warrant that I am at least 18 years old; that I have the legal authority to sign this **RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT**, and that I sign it of my own free will.

Signature of Individual/Guardian: _____ Date: 12/13/2020

Printed Name Zaileth Escorcha Name of Minor Child (if any) _____

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2021-702212

Date Filed:
 01/02/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Juventus Academy Houston
 Richmond, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 21-parks-100070-a1
 Harlem Park field use

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Escorcha, Zaileth	Richmond, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

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 01/02/2021

Date Acknowledged:
 01/06/2021

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 Richmond, TX United States

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