



2024 Participant Infectious Diseases Waiver Form

As the parent/legal guardian of _____, (participant's name) in consideration of being allowed to participate on behalf of the _____ (association name) association and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation regarding protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Pinellas Park T-Birds organization, their officers, officials, agents, employees, and/or volunteers, other participants, sponsoring agencies, sponsors, advertisers, Florida Elite Football and Cheerleading League and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

I, as the legal parent/guardian, with legal responsibility for this participant, do hereby certify that I have read, understand, and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself and the child/ward, do consent and agree to his/her release provided above for all the Releasees and myself, do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent provided by law.

Name of parent/ legal guardian: _____

Parent guardian/legal guardian signature: _____

Date signed: ____/____/____