

Winter Garden Police Athletic League Friday Night Hoops

RELEASE OF LIABILITY / INDEMNITY, EMERGENCY CONTACT, PHOTO / VIDEO RELEASE

Participant Name: _____ Participant Date of Birth: _____

PARENT / LEGAL GUARDIAN _____ PHONE: _____

ADDRESS _____ CITY _____ ZIP CODE _____

1. The risk of injury to my child from the activities involved in these programs is significant including the potential of permanent disability and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, I assume full responsibility for my child's participation.
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation.
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("Release"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or danger to person or property incident to my child's involvement or participation in these programs. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE; to the fullest extent permitted by law.
5. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin HEREBY INDEMNITY AND HOLD HARMLESS all the above releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.
6. This agreement shall be governed by the law of the State of Florida and any legal action related to or arising out of this agreement shall be commenced exclusively in the circuit court of the ninth judicial circuit and for Orange County, Florida (or if such circuit court shall not have jurisdiction). I certify I am 18 years of age or older and that I am entering into this agreement as the parent or guardian for a minor under 18 years of age.

I HAVE READ THIS RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT. FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, & SIGN IT FREELY & VOLUNTARILY WITHOUT ANY INDUCEMENT.

X

(Parent/Legal Guardian Signature)

(Print Name)

(Date Signed)

I GIVE CONSENT TO ANY HEALTHCARE PROVIDERS DESIGNATED BY WINTER GARDEN POLICE ATHLETIC LEAGUE TO PROVIDE MY CHILD WITH ANY NECESSARY MEDICAL CARE AS A RESULT OF ANY INJURY/ILLNESS. THIS CONSENT INCLUDES FIRST AID & TRANSPORTATION TO/FROM HEALTHCARE PROVIDERS.

X

(Parent/Legal Guardian Signature)

(Print Name)

(Date Signed)

I GIVE CONSENT FOR VIDEO, VOICE, & PHOTO IMAGES OF MY CHILD TO BE CAPTURED BY WINTER GARDEN POLICE ATHLETIC LEAGUE USED FOR PROMOTIONAL MATERIAL/PUBLICATIONS, AND WAIVE ANY RIGHTS OF COMPENSATION OR OWNERSHIP THERETO.

X

(Parent/Legal Guardian Signature)

(Print Name)

(Date Signed)