

Florida Citrus Sports Waiver and Permission Form

(MINOR)
(17 Years of Age or Younger)

PARTICIPANT INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Address: _____

DOB: _____ Gender: _____ Emergency Phone Number: () _____ Team Name: _____
(MM/DD/YYYY) (M/F)

EVENT INFORMATION

Name of Event: 2020 Pop Warner Cheer and Dance Championship Last Name: December 4 – 8, 2020

Event Host: Pop Warner Little Scholars, Inc.

Activity(ies): Cheerleading and Dance

TERMS AND CONDITIONS OF PARTICIPATION – READ CAREFULLY BEFORE SIGNING

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In consideration of my being permitted to participate in the Event and activities referenced above (collectively, the “Event/Activity”), wherever the Event/Activity may occur, I hereby attest that, after reading this Waiver and Permission Form completely and carefully, **including the notice above your signature, as required by Florida Statutes 744.301**, you acknowledge that participation in the Event/Activity by your child or ward is entirely voluntary, and that you understand and agree as follows:

RELEASE OF LIABILITY: I agree, on behalf of my child or ward, to waive and to release all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) associated with all risks that are inherent to his or her participation in the event and/or the activities specified above or other activities conducted in conjunction therewith (the “Event/Activity”) (which risks may include, among other things, exposure to COVID-19, Naegleria Fowlerii and coliform bacteria, muscle injuries, heat and stress related issues, cuts, lacerations and broken bones), whether such risks are open and obvious or otherwise. The World Health Organization and the American Center for Disease Control and Prevention (“CDC”) have confirmed that COVID-19 is **highly contagious and is capable of spreading from person-to-person via airborne transmission, by coming in to physical contact with an infected person, and/or by contact with the same surfaces as an infected person.** Further, science is not yet done studying COVID-19 such that there may still be other ways in which the virus spreads. Persons without apparent symptoms may be contagious and spread the disease. The CDC has indicated that while taking precautionary steps may be taken to reduce the likelihood of transmission, regardless of the steps taken, **there is no guarantee of 100% effectiveness in preventing the spread of COVID-19.** Further on behalf of myself, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined under “INDEMNITY/INSURANCE” below) of and from all Claims arising in any manner out of or in any way connected with my child’s or ward’s participation in the Event/Activity.

INDEMNITY/INSURANCE: I agree to indemnify, defend and hold each of Florida Citrus Sports, the City of Orlando and their respective subsidiary and other affiliated or related companies (“FCS”); the Event host, all Event sponsors and charities having a presence at the Event/Activity, the sponsors of FCS, Event contractors, and their respective parent, subsidiary and other affiliated or related companies; and the officers, directors, employees, agents, contractors, sub-contractors, representatives, successors, assigns and volunteers of each of the foregoing entities (collectively, the “Released Parties”) harmless from and against any and all Claims arising out of or in any way connected with my child’s or ward’s participation in the Event/Activity, wherever the Event/Activity may occur, including, but not limited to, all attorneys’ fees and disbursements through and including any appeal. I understand and agree that this indemnity includes any Claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after participation in the Event/Activity. I agree that I am not relying on the Released Parties to have arranged for, or carry, any insurance of any kind for my benefit or that of my child or ward relative to my child’s or ward’s participation in the activities and the Event, and that I am solely responsible for obtaining any mandatory or desired life, travel, accident, property, or other insurance related to my child’s or ward’s participation in the Event/Activity, at my own expense.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that my child or ward is physically fit for participation in the Event/Activity and has the skill level required in connection with the Event/Activity, and I have not been advised otherwise. I agree that before my child or ward participates in any activity conducted in conjunction with the Event/Activity, I or my child or ward will inspect the related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during my child’s or ward’s attendance in connection with the Event/Activity, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my child’s or ward’s behalf. Additionally, I authorize medical treatment for my child or ward, at my cost, if the need arises; however, I acknowledge that the Released Parties will have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

EQUIPMENT AND FACILITIES INSPECTION: I, or my child or ward if I am not in attendance at the Event/Activity, will immediately advise the Event manager of any unsafe condition that I, or my child or ward if I am not in attendance at the Event/Activity, observe. My child or ward will refuse to participate, and I will refuse to let my child or ward to participate, in the Event/Activity until all unsafe conditions observed by me, or my child or ward, have been remedied.

PUBLICITY RIGHTS: I further grant the Released Parties the right to photograph, record and/or videotape me and my child or ward and further to display, edit, use and/or otherwise exploit my or my child’s or ward’s name, face, likeness, Event/Activity results (as more fully described below), voice, and appearance in all media, whether now known or hereafter devised, (including, without limitation, in computer or other device applications, online webcasts, television programming (including

broadcasts on network, cable and streaming platforms) in motion pictures, films, newspapers, and magazines). And in all forms including, without limitation, digitized images or video, throughout the universe in perpetuity, whether for advertising, publicity, or promotional purposes, including, without limitation, publication and use of Event/Activity results and standings (including but not limited to name, bib number, if applicable, age, times, if applicable, gender, "hometown", or other standard Event/Activity results), without compensation, residual obligations, reservation or limitation, or further approval, and I agree to indemnify and hold harmless the Released Parties for any Claims associated with such grant and right to use. The Released Parties are, however, under no obligation to exercise any rights granted herein.

GOVERNING LAW: This Waiver and Permission Form will be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Waiver and Permission Form will be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida (or if such Circuit Court does not have jurisdiction over the subject matter thereof, then to such other court sitting in such county and having subject matter jurisdiction), **AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN(S)

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF EACH OF THE RELEASED PARTIES THAT IS, FCS, THE CITY OF ORLANDO; THE EVENT HOST, ALL EVENT SPONSORS AND CHARITIES HAVING A PRESENCE AT THE EVENT AND THEIR RESPECTIVE PARENT, SUBSIDIARY AND OTHER AFFILIATED OR RELATED COMPANIES (COLLECTIVELY, THE "EVENT HOST/SPONSORS/CHARITIES"); AND THE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, SUBCONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES) USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY THAT CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES (THAT IS, FCS, THE CITY OF ORLANDO; THE EVENT HOST/SPONSORS/CHARITIES; AND THE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, SUBCONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, VOLUNTEERS OR EACH OF THE FOREGOING ENTITIES) IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

THE NOTICE IN THE PRECEDING PARAGRAPH IS ALSO GIVEN AND APPLICABLE IF YOU ARE THE LEGAL GUARDIAN OF A MINOR WARD, IN WHICH CASE BY SIGNING THIS FORM YOU ARE AGREEING TO LET YOUR MINOR WARD ENGAGE IN POTENTIALLY DANGEROUS ACTIVITIES AND GIVING UP YOUR MINOR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES, ALL AS MORE FULLY EXPLAINED IN THE PRECEDING PARAGRAPH; IT BEING UNDERSTOOD AND AGREED THAT, AS USED IN THE PRECEDING PARAGRAPH, THE TERM "CHILD" INCLUDES YOUR MINOR WARD FOR ALL PURPOSES THEREOF.

By signing below, I certify that (1) I have fully and completely read and understand this Waiver and Permission Form; (2) I am 18 years of age or older; (3) I am the legal guardian of the minor child identified above; (4) the information set forth above pertaining to my child or ward is true and complete; and (5) I consent and agree to the all of the foregoing on behalf of myself and my minor child or ward identified above.

Date

Signature of Parent or Court Appointed Guardian

Printed Name of Participant