

FAMILIES, PARKS & RECREATION
2020 Youth Sports

- Lacrosse Baseball Basketball Cheerleading YFL Football
 Soccer Table Tennis Track Field YFL Training Camp

Participant Name: _____

Team Name: _____ Division: _____

Address: _____
City State Zip

Phone: _____
Home Cell

School: _____ Grade: _____
(2019/2020 School Year) (2019/2020 School Year)

Date of Birth: _____ Age: _____

I swear/affirm that the above information is true, and correct, and I fully understand that forfeiture of all games will occur if any or all information provided above is deemed incorrect, or misleading.

Player's Name Parent/Legal Guardian's Signature

Parent Name: _____
Parent DOB: _____
Email: _____

I fully understand that any false or misleading information given on this document can result in forfeiture of all games and possible suspension of the Head Coach.

Head Coach Signature

Please sign both sides of this form

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In consideration of the acceptance of my child or ward to participate in the activities sponsored by the *City Of Orlando, Families, Parks & Recreation Department*, I agree on behalf of myself and my child or ward, to assume the risks incidental to such participation (which risks include, but not limited to: physical injury, emotional injury or death) and, on my own behalf, and on behalf of my child or ward, and on behalf of any other parents or guardians of my child, and my child's or ward's heirs, executors and administrators, I agree to release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation of my child or ward in such activities, including, but specifically not limited to, the transportation of my child or ward to said activities, and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and attorney's fees on appeal. The released party is the *City Of Orlando, Recreation Division* and their elected officials, board members, employees, volunteers, agents, representatives, successors and assigns of the released parties. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property loss or damage, whether suffered by me or my child or ward, before, during or after such participation. I declare that my child is physically fit and has the skill level required to participate in these activities. I further authorize medical treatment and related transportation for said child or ward, at my cost, if the need arises. Furthermore, I hereby grant full permission to the City to transport my child/ward for requested field trips. NOTE: If there are questions regarding a child's ability to participate in our program, The City of Orlando, Recreation Division may require an individualized assessment to be completed by the City of Orlando Families, Parks and Recreation Department or its designee.

The *City of Orlando / Recreation Division* occasionally shows movies during program hours. Those children not permitted to watch movies will participate in separate activities. All movies will be chosen with careful consideration.

- I hereby give my permission for my child to watch PG or PG-13 rated movies.
- I hereby do not give my permission for my child to watch PG or PG-13 rated movies.

I further irrevocably grant the released parties the right to photograph and/or videotape me and my child or ward and further to use said name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials by the *City of Orlando / Recreation Division* without reservation or limitation. I hereby release the *City of Orlando* and its legal representatives for all claims and liability relating to said images, video, or other media. Furthermore, I grant permission to use my or my ward's statements for the purpose of advertising and publicity without restriction. I waive my or my ward's right to any compensation.

This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I certify that I am 18 years of age or older and that I am entering into this Agreement as the Parent or Legal Guardian for a minor that is under 18 years of age and that I also have the authority to do so on behalf of the child or ward's other parents or legal guardians.

Child's Printed Name Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Phone Number Alternate Phone Number
