## (18 Years of Age or Older)

	Participant Inform	mation	- ,
First Name:	M.I	Last Name:	
DOB: Gender:   (MM/DD/YYYY)  (M,	•		
Name of Event: <u>Disney Rugby Spring</u>	Training Event Date: Feb	bruary 23 <sup>rd</sup> - April 22 <sup>nd</sup> , 2017	
Event Host: <u>Disney</u>			
Activity(ies): Rugby			
In consideration of my being permitted Event/Activity may occur, I hereby attest that participation in the Event/Activity is entirely the ASSUMPTION OF RISK/LIABILITY RELEASE A activities that involve the risk of serious persinvolve the risk of severe economic and proporty of myself and others (including, but not limit and from the condition of any property, facilithe Released Parties, and may not be foresed all of the foregoing risks, which risks may into participants or by the Released Parties, and Event/Activity, and accept personal responsillness, damage, loss, claim, liability, or exparticipation in the Event/Activity. On my ownot to sue, and forever discharge the Release arising out of or in any way connected with harmless from and against any and all such Counderstand that this release and indemnity injury (including death), property damage a purposes hereof, the "Released Parties") are ESPN, Inc. and their respective parent subsidiand charities having a presence at the Event	at, after reading this Sports Waiver and voluntary, and I further understand and ND INDEMNITY: I understand that incommon injury, illness, permanent disabilities and damage. I understand that ted, to other individuals in attendance lities or equipment used. I also understen or reasonably foreseeable by any of clude, among other things, muscle injured the risk of injury caused by the disbility for any injury (including, but not behalf, and on behalf of my heirs, ased Parties of and from all liabilities, he my participation in the Event/Active Claims including but not limited to, all ancludes any Claims based on negligent and loss by theft or otherwise, whether what Disney World Resort, a division liary and other affiliated or related control of the Claims, the Sponsors of the Disney Claek Improvement District and its Boster in the Event Poster in the Even	vities referenced above (collectively, the "Event/Activity"), wherever and Permission Form completely and carefully, I acknowledge that and agree as follows: acidental to my participation in the Event/Activity, I may be engaging in the Event/Activity, I may be engaging in the Event/Activity, I may be engaging in the Event/Activity, and that such participation may not these risks may result from the actions, negligence and failure the ceat the Event/Activity to and the Released Parties, as defined be restand that there may be risks involved that are not known to me of us at this time or at the time of the Event/Activity. I agree to assignize and broken bones, as well as the risk of any negligence by condition of any property, facilities or equipment used during not limited to, personal injury, disability, dismemberment and deform my property may suffer arising out of or in connection with, executors, administrators and next of kin, I hereby release, cover, claims, actions, damages, costs or expenses of any nature ("Claimivity, and further agree to indemnify and hold each Released Parties and covers be a lattorneys' fees and disbursements through and including any appince, action or inaction of any of the Released Parties and covers be the suffered by me before, during or after such participation. For one of Walt Disney Parks and Resorts U.S., Inc., Disney Destinations, ompanies (the "Disney Companies"); the Event Host, all Event sport Companies, Event contractors, and their respective parent, subsicionard of Supervisors; and the officers, directors, employees, ag	ing in a large and
PHYSICAL CONDITION/MEDICAL AUTHORIZ required in connection with the Event/Activity	ATION: I hereby certify that I am photy, and have not been advised otherwi	hysically fit for participation in the Event/Activity, have the skill wise. I agree that before I participate in the Event/Activity, I will insure illness or medical conditions experienced during my attendance.	spect
connection with the Event/Activity, I author	ize any emergency first aid, medicatio	ion, medical treatment or surgery deemed necessary by the atterize medical treatment for me, at my cost, if the need arises; howe	nding

acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

**EQUIPMENT AND FACILITIES INSPECTION:** I will immediately advise the Event manager of any unsafe condition that I observe, and will refuse to participate in the Event/Activity until all unsafe conditions observed by me have been remedied.

PUBLICITY RIGHTS: I further grant the Released Parties the right to photograph, record and/or videotape me and further to display, edit, use and/or otherwise exploit my name, face, likeness, Event/Activity results and standings (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 broadcast on ESPN 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 result 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

	t have jurisdiction over the subject matter thereof, then to succept walve the RIGHT TO TRIAL BY JURY.	uch other court sitting in such county and having subject matter
Date	Signature	Print Name