Disney's Sports Waiver and Permission Form

(Minor)

17 years of age or younger

Participant Information

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

Date of Birth: _____ **Gender:** _____ **Phone Number:** _____

Role: _____

Event Information

Name of Event: **Disney Presidents' Day Soccer Festival presented by AS Roma 2015** **Event Dates:** **02/14/15-02/16/15**

Team Name: _____ **Age Division:** _____

Activity(ies): **Soccer, together with any other activities conducted at, or in conjunction with the Event**

TERMS AND CONDITIONS OF PARTICIPATION - PLEASE READ BEFORE SIGNING

In consideration of your minor child or ward being permitted to participate in the Event and activities referenced above, wherever the Event and/or activities may occur, you hereby attest that, after reading this Sports Waiver and Permission Form completely and carefully, you acknowledge that participation in the Event/Activity by your child or ward is entirely voluntary, and that you understand and agree as follows:

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that my child or ward is physically fit for participation in the event and/or the activities specified above or other activities conducted in conjunction therewith (the "**Event/Activity**") and has the skill level required in conjunction 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 shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment. For the purposes hereof, the "**Released Parties**" are Disney Destinations, LLC and Walt Disney Parks and Resorts U.S., Inc., and their respective parent, subsidiary, affiliated or related companies including, without limitation, ESPN, Inc. and its affiliated and subsidiary companies, and each of their respective parent, subsidiary, affiliated or related companies; the Event Host referenced above, South Lake Hospital, Inc., The Toro Company, Orlando Regional Healthcare Systems, Inc., Hewlett-Packard Company, Amerada Hess Corporation, Hanesbrands Inc., Jostens, Inc. and Adventist Health System/Sunbelt, Inc., The J.M. Smucker Company, and each of their respective parent, subsidiary, affiliated or related companies; Reedy Creek Improvement District and its Board of Supervisors; and the officers, directors, employees, agents, contractors, sub-contractors, representatives, successors, assigns, and volunteers of each of the foregoing entities.

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 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 and/or videotape me and my child or ward and further to display, use and/ or otherwise exploit my or my child's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, on television including broadcast on ESPN platforms, in motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event/Activity results and standings, without compensation, 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 shall 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 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 such county and having subject matter jurisdiction), **AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY**.

_____	_____	_____
Date	**Print Name of Parent or Court Appointed Guardian**	**Signature of Parent or Court Appointed Guardian**

Event Id: 7387