

Disney Sports Waiver and Permission Form

Please Print

(Minor)

(17 Years of Age or Younger)

Volunteer Information

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

Address: _____

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

Event Information

Name of Event: The Twilight Zone Tower of Terror™ 10-Miler Weekend Event Dates: September 1, 2013 – October 6, 2013

Benefited Charitable Organization(s): Autism Speaks

TERMS AND CONDITIONS OF PARTICIPATION - READ CAREFULLY BEFORE SIGNING

In consideration of your minor child or ward being permitted to in connection with the Event and participate in all activities conducted in conjunction therewith, 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 to volunteer for the Event and to participate in all activities conducted in conjunction therewith (the “Event/Activity”), 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

Signature of Parent or Court Appointed Guardian

Printed Name of Parent or Court Appointed Guardian

Volunteer Code of Conduct

- I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators of the Event.
- I will treat everyone equally regardless of race, color, national origin, religion, sex, age, marital status or physical ability, and regardless of whether such person has HIV/AIDS or sickle cell trait.
- I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and The Benefited Charitable Organization.
- I will display control, respect, dignity and professionalism to all involved including athletes, coaches, opponents, officials, administrators, parents, Event spectators and media. Profanity and taunting are subject to immediate ejection.
- I will respect the property of all hotels, dormitories, schools, athletic, recreational and dining facilities.
- I will report any emergencies to the appropriate authorities.
- I will not take part in the consumption of alcoholic beverages and/or controlled substances while at the Walt Disney World® Resort. Nor will I take part in smoking or chewing tobacco while at the Walt Disney World® Resort.
- I will not engage in any type of inappropriate behavior, sexual activity, and/or verbal or physical abuse.
- I will abide by the rules and direction set forth by The Benefited Charitable Organization.

This Code of Conduct is designed to assist each volunteer in abiding by the philosophy of The Benefited Charitable Organization and its mission. Any volunteer who does not follow this Code of Conduct will be immediately terminated from current and future volunteer shifts and may be prohibited from participation in the Event. By signing this form and showing my photo identification I acknowledge that I have read the Volunteer Code of Conduct and all release and notifications and agree to adhere to said terms.

Volunteer Appreciation Program

We at Disney understand that, in the true spirit of volunteerism, you volunteer your time and services to make an impact for The Benefited Charitable Organization without expecting anything in return. However, to show appreciation to you for your selfless contributions, Disney has agreed to assist The Benefited Charitable Organization by issuing volunteer appreciation gifts, on behalf of The Benefited Charitable Organization, to each Volunteer that fully complies with the Volunteer Code of Conduct. To that end, after successful completion of each scheduled shift as a volunteer during the "Half-Marathon" portion of the Event, the Volunteer will be eligible to receive one (1) complimentary Sports *Magic Your Way* Base Ticket, and for each hour of service that is successfully completed in conjunction with either the "Expo" or "5K" portion of the Event, Disney will credit one (1) appreciation point to the Volunteer's annual appreciation point total in connection with Disney's Volunteer Appreciation Program, and for every sixteen (16) appreciation points accumulated by a Volunteer during the same calendar year, the Volunteer will be eligible to receive one (1) complimentary Sports *Magic Your Way* Base Ticket, all in accordance with the following:

- Each Ticket entitles the bearer to one (1) visit to any one of the following theme parks within the WALT DISNEY WORLD® Resort: Magic Kingdom® Park, Epcot®, Disney's Hollywood Studios™ or Disney's Animal Kingdom® Theme Park.
- Appreciation points are not redeemable for cash, and the Volunteer will not be entitled to receive any other accommodation or compensation if accumulated appreciation points remain at the end of the calendar year, it being understood that appreciation points are automatically voided at the conclusion of each calendar year (and do not "roll over").
- No action is required on the part of the Volunteer in order to redeem appreciation points for Tickets. Tickets will automatically be mailed by Disney within sixty (60) days of the Volunteer becoming eligible to receive such Ticket(s).
- Volunteers assume all responsibility for any taxes incurred in connection with the Tickets, if any, and must agree that the Tickets will not be used in any consumer sweepstake or other consumer promotion.
- Tickets will not be redeemable for cash, and Volunteers will not be entitled to any refund or other accommodation or compensation in the event Tickets are not used during the dates of validity (as specifically printed on each Ticket). Tickets will not be replaced if lost or stolen.