



Athletics Use Only

HH _____ BC _____ PHYS _____ RC _____ PYMT _____

FAMILIES, PARKS & RECREATION
Youth Sports

May 1, 2024 – April 30, 2025

Select All Program(s) child will play by checking the applicable box

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

Participant Name: _____

Team Name: _____ Division: _____

Address: _____
City State Zip

Phone: _____
Home Cell
Email _____

School: _____ Grade: _____
2024/2025 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: _____

Parent/Legal Guardian please sign both sides of this form

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.

Participant Release & Waiver of Liability and Indemnity Agreement



**Warning: Read this document carefully and in its entirety.
It is a legally binding agreement.**

2024 – 2025 City of Orlando Youth Sports

In consideration for the participation of _____ (“the Minor”) in any and all cheerleading, dance or youth sports programs (individually and collectively referred to as the “Programs”) offered by the City of Orlando (“City”) using the City of Orlando facilities, services, equipment and premises (“Facilities”), I/We, _____ natural guardian or legal guardian(s) of the Minor hereby agree as follows:

1. I understand the nature and extent of the risks inherent to such participation and agree to assume the risk, which risks include, but are not limited to: personal injury, property damage, permanent disability, emotional injury, sickness or disease, or death.

2. Release, Waiver and Indemnity Agreement: I agree to release and forever discharge the Released Parties, as defined below, of and from all liabilities, claims, actions, demands, judgments, costs, expenses, court costs, attorneys’ fees or other damages of any nature arising out of or in any way connected with the participation of the Minor in the City’s abovementioned Programs, 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, attorneys’ fees and disbursements. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, emotional injury, disability, sickness or disease, death or accident of any kind sustained from the use of the Programs’ facilities and participating in any of the Programs. The Released Parties are the City of Orlando and its elected officials, employees, attorneys, volunteers, agents, representatives, successors, and assigns (hereinafter referred to as the “City” or “Released Parties”). I understand that this Release and Waiver Agreement includes any claims based on negligence, action or inaction of any of the above released parties and covers bodily injury (including death), emotional injury, property damage, disability, sickness or diseases or accident of any kind, whether that participation is supervised or unsupervised, however the injury occurs, whether suffered by me or my minor child before, during, or after such participation.

3. I agree, personally and on behalf of the Minor, that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion of this Agreement is held to be invalid or unenforceable for any reason, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

4. I declare that the Minor is in good health and has no conditions or impairments which would preclude safe participation and has the skill level required to participate in the Programs. In connection with any injury sustained or illness or medical conditions experienced during the Minor’s attendance in connection with the Programs, 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 the Minor’s behalf. Additionally, I authorize medical treatment for the Minor, 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.

5. A chaperone/adult (age 21 or over) is required to attend with the Minor. This chaperone will be responsible for the Minor at all times. I/we acknowledge that the City is not responsible for supervising my/our Minor.

5. I hereby grant full permission to the City to transport the Minor for medical treatment, as needed.

7. I further grant the Released Parties the right to photograph and/or videotape the Minor and to use said name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials by City without reservation or limitation. I hereby release the City and its elected officials, employees, attorneys, volunteers, agents, representatives, successors, and assigns for all claims and liability relating to said images, video, or other media. Furthermore, I grant permission to use the Minor's statements for the purpose of advertising and publicity without restriction. I waive my and the Minor's right to any compensation.

8. 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 Minor's other parent or legal guardians.

9. EACH OF THE PARTIES HERETO HEREBY IRREVOCABLY WAIVE ANY AND ALL RIGHT TO TRIAL BY JURY IN ANY LEGAL PROCEEDING ARISING OUT OF OR RELATED TO THIS AGREEMENT.

10. The undersigned understands and agrees that novel coronavirus infections ("COVID-19") have been confirmed in the State of Florida and that COVID-19 is an extremely contagious virus that spreads easily through person to person contact.

11. Despite the City's reasonable efforts to mitigate the risk of exposure to COVID-19, the undersigned acknowledges and understands that there are known and unknown risks in participating in the Programs or using the Programs' facilities, and by participating in the Programs or using the Programs' facilities the undersigned, and/or participating Minor may be exposed to COVID-19, which could result in quarantine, serious illness, permanent disability, and/or death.

12. Further, by using the Programs' facilities, the undersigned warrants that he/she and/or participating Minor have not experienced symptoms of COVID-19 within the previous fourteen (14) days, including but not limited to, coughing, fever, and shortness of breath. I consent to having the Minor's temperature checked daily. The City in no way warrants that the COVID-19 infection will not occur through participation in our Programs or through using the Programs' facilities.

13. I agree to comply with the Florida Department of Health and the Center for Disease Control and Prevention (CDC) guidelines applicable to COVID-19 in use of the City of Orlando facilities, services, equipment and premises and participation in the Programs and activities.



**NOTICE TO THE MINOR CHILD'S
NATURAL GUARDIAN**

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 THE RELEASED PARTIES 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 WHICH 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 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 THE MINOR PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By signing below, I certify that: (1) I fully and completely read and understand the foregoing release & waiver agreement; (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 all of the foregoing on behalf of myself and my minor child or ward identified above.

I SIGN THIS RELEASE & WAIVER AGREEMENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.



Minor's Name (Please print):

Parent/Guardian Name: _____

Signature: _____

Date: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

EVERY PARENT OR LEGAL GUARDIAN OF A MINOR PARTICIPATING IN THE PROGRAMS MUST COMPLETE THIS FORM AND TURN IN _____ NO LATER THAN _ WEEKS PRIOR TO THE PROGRAMS.