



CITY OF ORLANDO

FAMILIES, PARKS & RECREATION

2015/16 Youth Sports

- Baseball
 Basketball
 Cheerleading
 Football
 Soccer
 Lacrosse
 Track Field
 Volleyball

Participant Name: _____

Team Name: _____ Division: _____

Address: _____
City State Zip

Phone: _____
Home Business
Cell Email Address

School: _____ Grade: _____
(2015/16 School Year) (2015/16 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

Please sign both sides of this form



CITY OF ORLANDO

FAMILIES, PARKS & RECREATION 2015/16 Youth Sports

HOLD HARMLESS AGREEMENT

READ CAREFULLY BEFORE SIGNING

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, 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 parties are the *City Of Orlando*, its elected officials, employees, volunteers, agents, representatives, successors and assigns.**

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.

I further 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* without reservation or limitation.

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.

Date

Child Participant's **Printed** Name

Parent/Legal Guardian's **Printed** Name

Parent/Legal Guardian's Signature