

PLANTATION ATHLETIC LEAGUE Sports Waiver Form (Adult and Minor) Please Print

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

Date of Birth: _____ **Gender (M / F)** _____ **Emergency Phone Number:** _____

Event Information

Sport Type: Soccer

Team Name: _____

Age Division: _____

Name of Event: PLANTATION THANKSGIVING HOLIDAY CLASSIC

Waiver Section – Please Read and Sign

Release and Indemnity READ CAREFULLY BEFORE SIGNING

In consideration of my or my child's participation in the Event hosted by Plantation Athletic League, I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones) and, on my own or my child's behalf, and on behalf of my or my child's heirs, executors and administrators, 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 my or my child's participation in such activity, 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, all attorney's fees and disbursements. For this event, and in the event that my child or I choose to participate in the parks of the City of Plantation, the released parties are the Plantation Athletic League and the City of Plantation, their parent, related and affiliated companies, and the officers, directors, employees, agents, representatives, successors and assigns of each of the foregoing entities. 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 damage, whether suffered by me or my child, before, during or after such participation. I declare that my child or I are physically fit and have the skill level required to participate in this particular event. I further authorize medical treatment for my child, or myself at my cost, if the need arises. I also understand that my child or I may be required to leave the premises should my child or I exhibit undesirable conduct.

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 Seventh Judicial Circuit in and for Broward 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 I am 18 years of age or older.

Date **Adult Signature Required Parent or Guardian** **Please Print Name**