

# Attention Coaches!

Please photocopy the appropriate number of minor/adult waiver forms for your team. Each minor must have a parent or legal guardian sign the waiver form. Waivers should be returned by **December 1st, 2007**

Return By Mail:

Disney Sports Attractions  
Disney's Soccer Showcase  
PO Box 470847  
Celebration, FL 34747-0847

Return By Fax:  
(407) 938 - 3412

# Disney's Sports Waiver Form (Adult and Minor)

Please Print

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Role (Check One): Coach, Manager or Team Staff:  Athlete:

I would like future information about Disney's Wide World of Sports® sent to me via E-mail.

E-mail Address: \_\_\_\_\_

## Event Information

Sport Type: Soccer

Team Name: \_\_\_\_\_

Age Division or Class: \_\_\_\_\_

Name of Event: Disney's Soccer Showcase - 4892



## Waiver Section – Please Read and Sign

Release and Indemnity (Adult – 18 years of age or over; Minor – under 18 years of age)

READ CAREFULLY BEFORE SIGNING

In consideration of my, or my child or ward's, participation in the above-referenced Event, I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones). I acknowledge that I have or will inspect the facilities and equipment to be utilized in conjunction with the Event and, if I believe any unsafe condition exists, I will immediately advise an Event official of such condition and will refuse participation until such condition is corrected. On my own or my child or ward's behalf, and on behalf of my or my child or ward's heirs, executors, administrators, and next of kin, I hereby release, covenant not to sue, and forever discharge Walt Disney World Hospitality & Recreation Corporation, Walt Disney World Co. and Disney Sports Attractions, together with their parent and the parent, subsidiary, affiliated and related entities of each of them, and the officers, directors, employees, and volunteers of any of them, as well as South Lake Hospital, Inc., Recot, Inc., The Toro Company, Orlando Regional Healthcare Systems, Inc., National Fluid Milk Processor Promotion Board, Reedy Creek Improvement District, Amerada Hess Corporation, and all Event sponsors or charities, and each of their parent, related and affiliated companies, and the officers, directors, employees, agents, Board of Supervisors, representatives, successors, and assigns of each of the foregoing entities (collectively, the "Released Parties"), 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 or ward's participation 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, all attorney's fees and disbursements up through and including any appeal. 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), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before or after such participation. I declare that I, or my child or ward, are physically fit and have the skill level required to participate in this particular Event. I further authorize medical treatment for myself, or my child or ward, at my cost, if the need arises. I also understand that my child or ward or I may be required to leave the Event venue and/or the Resort should my child or ward or I exhibit undesirable conduct

I further grant the Released Parties the right to photograph and/or videotape me or my said child or ward and further to display, use and/or otherwise exploit my or my said 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, television, 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 results and standings, and distribution of my contact information, including my e-mail address, to third parties for promotional purposes, or for any other purpose whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise said rights herein granted.

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 said county and having subject matter jurisdiction), and I specifically waive the right to trial by jury. I certify I am 18 years of age or older and if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and accurate.

Date

Adult Signature Required  
(Participant, Parent or Guardian)

Parent or Guardian: Please Print Name