

EAST ORLANDO JUNIOR PREDATORS YOUTH REGISTRATION & RELEASE

***BY COMPLETING THE REGISTRATION BELOW, I HEREBY AGREE TO THE FOLLOWING:

In consideration of allowing my minor child (under 18) to participate in any way with the East Orlando Junior Predators at the Faith Christian Academy Facility, its related events and activities, I, the undersigned parent/guardian, acknowledge, appreciate, and agree that: 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees, or others, and assume full responsibility for my child's participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant hazard during my presence or my child's participation, I will remove my child from the participation and bring such to the attention of the Company immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS EAST ORLANDO JUNIOR PREDATORS AND FAITH CHRISTIAN ACADEMY, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person and property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. In addition, I agree to allow EAST ORLANDO JUNIOR PREDATORS to use any photographs or videos taken at the FAITH CHRISTIAN ACADEMY facility for purpose of publicity.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

COMPLETE WHERE APF	'LICABLE PRICE			
TEAM NAME		PROGRAM NAME		
CHILD'S NAME				
GENDER	DATE OF BIRTH	AGE	GRADE	
ADDRESS		CITY		
STATE	ZIP	PHONE ()		
EMAIL ADDRESS				
PARENT NAME				
PARENT SIGNATURE		Date		