

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 at registration

Florida Keys 5v5 Shootout 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: Florida Keys 5v5 Shootout

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 Middle Keys Soccer, 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 Marathon, the released parties are the Middle Keys Soccer and the City of Marathon, 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.

PARENT/GUARDIAN: I, a parent/guardian of the above-named minor (under 18 years of age), understand the nature of the activities conducted in the Skate Park and the minor's experience and capabilities and the minor is qualified to participate in such activity. I hereby give my permission for my child/ward to participate in the activity and further agree, individually and on behalf of my child/ward, to be bound by the terms of the above Agreement. By signing this waiver, you have fully read, understand and agree to the rules listed on the posted board at the skate park.

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