110 Athletes Row
Apopka, Florida 32703
407-889-7523
www.CPSsportsplex.com

PARTICIPANT WAIVER OF RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT {READ BEFORE SIGNING}

Participant Name: _____

Emergency Phone Number: _____

Please print clearly, one participant per waiver.

1. I recognize that in any sport related activities there are inherent risks involved. I understand that precautionary measures will be implemented for any and all activities. I am also fully aware of the risk involved in participating in any related events and/or activities, including but not limited to; catastrophic injury, disability, paralysis and even the possibility of death.

2. I, my parent and/or guardian, willingly and knowingly, agree to assume all responsibility for the above named Participant. I (we) agree to comply with all terms, conditions, and safety regulations set forth by CPS. If I (we) observe any unusual significant hazard during my presence or participation, I (we) will bring such to the attention of the nearest official immediately.

3. **I, for myself and on behalf of my Heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CPS Sportsplex, LLC, Cooper Palms Sports/Commerce Park, Property Industrial Enterprises, LLC its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from ANY AND ALL claims, demands, losses, and liability arising out of or related to injury, disability or death I may suffer, or loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.**

4. I also authorize the use of my child's/or my own, visual images in photos and/or videos that may be used from time to time, in newsletters, posters, web sites and advertising.

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

X_____ _____ _____

Participant's Signature **Age** **Date**

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X_____ _____ _____

Parent/Guardian Signature **Date** **Phone Number**

********THIS WAIVER IS GOOD FOR 1 YEAR FROM DATE SIGNED********