## 2019 NATIONAL DANCE TEAM CHAMPIONSHIP Minor Release / Waiver Form

## **RELEASE/WAIVER FORM**

Please mail ALL copies
Do Not Staple

Organ	ization	/ Team	Name
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Minor's Name(Please Print)				
Address	City	St	Zip	
Phone	Email			

As used below, "Varsity" shall mean Varsity Spirit LLC and their subsidiary and other affiliated companies, and the officers, directors, employees, agents, successors and assigns of each of the foregoing; and "Disney" shall mean Disney Destinations, LLC, Walt Disney Parks and Resorts U.S., Inc., and their respective parent, subsidiary and other affiliated or related companies, and the officers, directors, employees, agents, successors and assigns of each of the foregoing.

## TERMS AND CONDITIONS OF PARTICIPATION - READ CAREFULLY BEFORE SIGNING

In consideration of my minor child or ward's participation in the cheerleading, dance or other activities conducted by Varsity at the Walt Disney World ® Resort on or about January 28 – February 7, 2019 pursuant to the 2019 National Dance Team Championship (the "Event"), wherever the Event and/or activities may occur, you hereby attest that, after reading this Form completely and carefully, including the notice above your signature, as required by Florida Statutes 744.301, you acknowledge that participation in the Event by your minor child or ward is entirely voluntary, and that you understand and agree as follows:

RELEASE OF LIABILITY: I agree, on behalf of my child or ward, to waive and release all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") associated with all risks that are inherent to his or her participation in the Event or other activities conducted in conjunction there with (which risks may include, among other things, exposure to Naegliria Fowlerii and coliform bacteria, muscle injuries, heat and stress related issues, cuts, lacerations and broken bones), whether such risks are open and obvious or otherwise. Further on behalf of myself and my minor child or ward, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined under "INDEMNITY/ INSURANCE" below) of and from all Claims arising in any manner out of or in anyway connected with my child's or ward's participation in the Event.

**INDEMNITY/INSURANCE:** I agree to indemnify and hold each of Disney Destinations, LLC, Walt Disney Parks and Resorts U.S., Inc., ESPN, Inc. and each of their respective parent, subsidiary and other affiliated or related companies; Varsity Spirit, LLC, all Event sponsors and charities having a presence at the Event and their respective parent, subsidiary and other affiliated or related companies; Reedy Creek Improvement District and its Board of Supervisors; and the officers, directors, employees, agents, contractors, subcontractors, representatives, successors, assigns, and volunteers of each of the foregoing entities (collectively, the "Released Parties") harmless from and against any and all Claims arising out of or in anyway connected with my child's or ward's participation in the Event, wherever the Event may occur, including, but not limited to, all attorneys' fees and disbursements through and including any appeal. I understand and agree that this indemnity includes any Claims based on the negligence, action or inaction of any of the 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, during or after participation in the Event. I agree that I am not relying on the Released Parties to have arranged for, or carry, any insurance of any kind for my benefit or that of my child or ward relative to my child's or ward's participation in the Event, and that I am solely responsible for obtaining any mandatory or desired life, travel, accident, property, or other insurance related to my child's or ward's participation in the Event, at my own expense.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that my child or ward is physically fit for participation in the Event and has the skill level required in connection with the Event, and I have not been advised otherwise. I agree that before my child or ward participates in any activity conducted in conjunction with the Event, I or my child or ward will inspect the related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during my child's or ward's attendance in connection with the Event, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my child's or ward's behalf. Additionally, I authorize medical treatment for my child or ward, at my cost, if the need arises; however, I acknowledge that the Released Parties will have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

**EQUIPMENT AND FACILITIES INSPECTION:** I, or my child or ward if I am not in attendance at the Event, will immediately advise the Event manager of any unsafe condition that I, or my child or ward if I am not in attendance at the Event, observe. My child or ward will refuse to participate, and I will refuse to let my child or ward participate, in the Event until all unsafe conditions observed by me, or my child or ward, have been remedied.

**PUBLICITY RIGHTS:** I further grant the Released Parties the right to photograph, record and/or videotape me and my child or ward and further to display, edit, use and/or otherwise exploit my or my child's or ward's name, face, likeness, voice, and appearance, in all media, whether now known or here after devised (including, without limitation, in computer or other device applications, online webcasts, television programming (including broadcasts on ESPN platforms), in motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images or video, throughout the universe in perpetuity, whether for advertising, publicity, or promotional purposes, including, without limitation, publication and use of Event results and standings, without compensation, residual obligations, reservation or limitation, or further approval, and I agree to indemnify and hold harmless the Released Parties for any Claims associated with such grant and right to use. The Released Parties are, however, under no obligation to exercise any rights granted herein.

**GOVERNING LAW:** This Form will be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Form will be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida (or if such Circuit Court does not have jurisdiction over the subject matter thereof, then to such other court sitting in such county and having subject matter jurisdiction), **AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.** 

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN(S)

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF EACH OF THE RELEASED PARTIES (THAT IS, WALT DISNEY PARKS AND RESORTS U.S., INC., DISNEY DESTINATIONS, LLC, ESPN, INC. AND THEIR RESPECTIVE PARENT, SUBSIDIARY AND OTHER AFFILIATED OR RELATED COMPANIES (COLLECTIVELY, THE "DISNEY COMPANIES"); VARSITY SPIRIT, LLC, ALL EVENT SPONSORS AND CHARITIES HAVING A PRESENCE AT THE EVENT AND THEIR RESPECTIVE PARENT, SUBSIDIARY AND OTHER AFFILIATED OR RELATED COMPANIES (COLLECTIVELY, THE "EVENT HOST/SPONSORS/CHARITIES"); REEDY CREEK IMPROVEMENT DISTRICT AND ITS BOARD OF SUPERVISORS (COLLECTIVELY, "RCID"); AND THE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, SUBCONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES) USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY THAT CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU

Minor's Name		Organization/ Team Name	
(Please Print)			
ARE GIVING UP YOUR CHILD'S RIGHT AND WALT DISNEY PARKS AND RESORTS U.S., INC CHARITIES; RCID; AND THE OFFICERS, DIRE REPRESENTATIVES, SUCCESSORS, ASSIGNS LAWSUIT FOR ANY PERSONAL INJURY, INCI RESULTS FROM THE RISKS THAT ARE A NATUI THIS FORM, AND THE RELEASED PARTIES (THE DISNEY COMPANIES; THE EVENT HOST/SPONS AGENTS, CONTRACTORS, SUBCONTRACTOR EACH OF THE FOREGOING ENTITIES) HAVE THE SIGN THIS FORM.  THE NOTICE ABOVE IS ALSO GIVEN AND AFYOU ARE AGREEING TO LET ENGAGE IN PORBOVE ARE APPLICABLE YOUR MINOR WAR RELEASED PARTIES (THAT IS, WALT DISNEY FOR THE EVENT HOST/SPONSORS/CHARITIES; CONTRACTORS, SUBCONTRACTORS, REPRIOF THE FOREGOING ENTITIES).	C. AND THE OTICTORS, EMPOS AND VOLUITUDING DEAT PART OF HAT IS, WALT ISS, REPRESENTE RIGHT TO ISTENTIALLY EDOS) AND YOUR PARKS AND RECID; AND	THER DISNEY COMPANIES; THE EVILOYEES, AGENTS, CONTRACTORS NTEERS OF EACH OF THE FORE TH, TO YOUR CHILD OR ANY PROTHE ACTIVITY. YOU HAVE THE RIGHOLSNEY PARKS AND RESORTS U.S. FIES; RCID; AND THE OFFICERS, DIRECTUSE TO LET YOUR CHILD PARTICAL GUARDIANS AND THEIR DANGEROUS ACTIVITIES. ALL REFUSE AND YOUR WARD'S RIGHTS TO ESORTS U.S., INC. AND THE OTHEIR THE OFFICERS, DIRECTORS, E	ENT HOST/SPONSORS/ S, SUBCONTRACTORS, GOING ENTITIES) IN A PERTY DAMAGE THAT HT TO REFUSE TO SIGN , INC. AND THE OTHER RECTORS, EMPLOYEES, S AND VOLUNTEERS OF ICIPATE IF YOU DO NOT  MINOR WARD(S) WHO FERENCES TO "CHILD" D RECOVER FROM THE R DISNEY COMPANIES; EMPLOYEES, AGENTS,
OF THE FOREGOING ENTITIES).			
X			
Signature of Parent(s) or Legal Guardian(s)	Date	Witness	Date
that Disney and Varsity are not responsible for supervising my/our child RESPONSIBILITY DISCLOSURE NOTICE: Varsity acts only as an transportation, carriage by land, hotel accommodations, restaurants shall NOT bear any liability to the passenger or any person claimin occasioned either by reason of or through the acts or defaults of any and/or performance events, venues, etc. as a direct or indirect result of authorities, civil disturbances, strikes, riots, acts of terrorism, theft, occause beyond the control of Varsity. Varsity shall not be liable for any decline, to accept, or to retain any tour passenger should such persor refunds for your portions of unused services can be made unless agricultate a consent to the above and agreement on your part to deemed to constitute consent by each passenger to these terms. Bage that each participant in this tour have his or her own attorney review form. Nothing in this paragraph is intended to or shall affect in any person claiming by or through the passenger.  MEDICAL RELEASE: I/we authorize Disney and/or Varsity to procure facilities chosen by Disney and/or Varsity. I/we have listed below any him/her to the Walt Disney World® Resort and that my/our child is resulted by signing below, I certify that: (1) I fully and completely read and unabove; (4) the information set forth above pertaining to my child or ward identified above.  Medications my/our child is taking (if any):	agent in connections, and related services, and related services by company or person of acts of God, dangunhealthy conditions to losses or additional on's health or general reed to prior to the stoconvey the content of gage is carried at the or this RESPONSIBIL way the respective representation of the stoconvey that may be at my/our expense medication that my/osponsible for taking of derstand this Form; and is true and comp	es are provided by independent third parties not un passenger for any injury, damage, loss, accident, on engaged in conveying the passengers or in carrying ers incident to fire, breakdown in machinery or equips, pilferage, epidemics, quarantines, medical or cust expenses due to delay or changes in schedule or othe deportment impede the operation of the tour to the scheduled deadlines. Your retention of tickets, reser is herein to your traveling companions. Payment of an erowner's risk and baggage insurance is strongly recountry DISCLOSURE NOTICE before indicating his or hights or relationship between Varsity and any person any medical care reasonably required by my/our child our child is currently taking. I/we will ensure that my/othe medication. I/we have also listed below any medical care agonated to the foregoin lete; and (5) I consent and agree to all of the foregoin	nder the control of Varsity. Varsity delay, or irregularity which may be gout the arrangements of the tour ment, acts of governments or other oms regulations, or from any other ner causes. The right is reserved to detriment of other passengers. No vations, or bookings after issuance my deposit or final payment shall be immended. It is also recommended her consent by signing this consent to other than the passenger and any ald during his/her visit at hospitals or our child brings the medication with ications my/our child is allergic to.
Medications my/our child is allergic to (if any):			
Organization / Team Name (of child):			
Minor's Name			
X			
Signature of Parent(s) or Legal Guardian(s)	Date	Witness	Date
EMERGENCY INFORMATION: (Not traveling with the minor)			
Name:	Address:		

Telephone: (\_\_\_