

WAIVER & RELEASE FORM

PRINT YOUR NAME HERE _____

In consideration of being allowed to participate in any way in the Youth Sports & Fitness Expo, and related events and activities, the undersigned 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 rules, 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 participation; and,

3. I, willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Riviera Beach Community Development Corporation ("RBCDC") and their officers, officials, agents and / or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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.

Participant's Name _____ Date of Birth: ___/___/___

Participant's Signature _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE 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 the 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 liabilities incident 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.

Participant's Name _____ Date of Birth: ___/___/___

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date signed: _____

Emergency Contact# _____



SATURDAY, NOVEMBER 3, 2018
MARINA EVENT CENTER
190 E. 13TH STREET, RIVIERA BEACH, FL 3340

Operations List

Name _____

Sport _____

How many volunteers will be running the clinic (including yourself) _____

Set-Up is Saturday, November 3 from 7:00am to 9:30am
What time would you prefer to set-up on Saturday, November 3?

Time: _____

Will your clinic need power? Yes No

What will be the reason for power? _____

What type of equipment will you bring?

How many tables will you need? _____

How many chairs will you need? _____

Will you need to set up tent(s)? Yes No. If yes, _____ tent(s)

How would you like to be listed in the Clinician Directory?
Please list contact information below:

Name: _____

Address _____ City _____ State _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please complete and return to the Riviera Beach Community Development Corporation (RBCDC)
2001 Broadway, Suite 300
Riviera Beach, FL 33401
Phone- 561-844-3408; Fax- 561-881-8043, Email: ajenkins@rbcr.com
Attention to: Annetta Jenkins