

Disney's Wide World of Sports - Volunteer Application (Adult or Minor)

(Please Print/Black or Blue Ink Only)

Personal Information

First name	MI	Last Name
Home Address		
City	State	Zip
Province	Country	Postal Code
Phone	Sex	DOB
	Age	

Release and Indemnity (Adult or Minor)
READ CAREFULLY BEFORE SIGNING

In consideration of my or my child's participation as a volunteer for the **U.S. Transplant Games** benefiting THE NATIONAL KIDNEY FOUNDATION, a nonprofit organization incorporated to promote national or international amateur sports competition (the "Sports Organization"), 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 NFL Experience at the Sports Complex, the released parties are Walt Disney World Co., Walt Disney Attractions, LLC, the National Football League Properties, Inc., the National Football League and its thirty-one (31) member professional football clubs, Party Planners West, Inc., Central Florida Bone and Joint Institute, 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 I am or my child is physically fit and have the skill level required to participate in this particular event. I further authorize medical treatment for myself or my child, at my cost, if the need arises.

I also acknowledge that at all times I am or my child is acting as a volunteer in order to benefit the Sports Organization and that I am or my child is not acting as an employee of, and do not expect to receive compensation from any of the above released parties. Therefore, I or my child shall not be entitled to participate in, or to receive any benefits from, any employee benefit or welfare plans maintained by any of the above released parties.

I further grant the released parties the right to photograph and/or videotape me or my child and further to use my or my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I certify I am 18 years of age or older.

Date: _____

 Parent/Guardian Signature

 Child Name (print)

 Parent/Guardian Name (Print)

Office Use Only : Event ID Entry Form Complete Athlete Release Correct Entry Fee