

Medical Release & Waiver Form

Minor's Name	Name of Parent or Legal Guardian
Address	Event Name
City State ZIP	Event Location
Daytime Phone	Birth Data Event Date

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____ as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Event to be conducted by West Florida Football Tournaments Inc., in conjunction with their tournament sponsors. I acknowledge and agree, in my own behalf and on behalf of the Minor, that such participation subjects Minor to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize the West Florida Football Tournaments Inc. or it's designated representatives to obtain the necessary medical treatment for the Minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless the tournament sponsors of this Event, City of Oldsmar, Florida, on whose premises the Event will occur and the West Florida Football Tournaments Inc., the affiliates of the tournament sponsors, City of Oldsmar, Florida, and the West Florida Football Tournaments Inc., and their respective directors, officers, representatives, members, agents, and employees of the tournament sponsors, City of Oldsmar, Florida, and the West Florida Football Tournaments Inc. and their respective affiliates (hereinafter collectively "Releasees") in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event and while traveling to and from the site for the Event, I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Releasees from any and all liability for negligence or any other claim, judgement, loss, liability, cost and expense (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury that the Minor may incur or sustain during the Event, all activities associated with the Event, and while traveling to and from the site of the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees's heirs, successors, assigns, executors, and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other person or persons on account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand. I represent that any medication to which the Minor is allergic or is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage.

Medications (if any): _____

Allergies (if any): _____

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

I, identified above as Minor, acknowledge that I have either read or had this Release and Waiver form read to me.

Signature of Minor: _____ Date: _____