## Kids Fitness Festival of the Palm Beaches

## Waiver Form

CAMP NAME (if registering with a group/summer camp)		
PARTICIPANT INFORMATION		
First Name:	Last Name:	M.I
Date of Birth:	Age:	
Address:		
City:	State:	Zip:
Phone:	E-mail:	
Date Attending (Please check one):	Wednesday, July 13, 2011	Thursday, July 14, 2011
Waiver of L	iability and Statement of Fitness (read before	signing)
1. Due to the nature of the activities offered at the Festivel, including but not limited cuts and bruising, spiparticular rules, equipment, and personal discipline may 2. PARTICIPANT KNOWINGLY AND FREELY ASS THE RELEASEES or others, and assume full responsible 3. PARTICIPANT willingly agrees to comply with the significant hazard during his/her presence and/or particifinmediately to the attention of the nearest authorized red. PARTICIPANT acknowledges that photographs and/his/her appearance in any photograph and/or video. Pheach County Sports Institute ("PBCSI") as promotions consents to the use of such photographs and/or video by 5. PARTICIPANT, his/her heirs, assigns, personal represental/or employees, other participants, sponsoring agencies	stated and customary terms and conditions for participation. In thipation, PARTICIPANT shall remove himself/herself from particip	chich may be sustained during participation in the permanent paralysis and/or death. While FARISING FROM THE NEGLIGENCE OF the event PARTICIPANT observes any unusual pation and bring the abovementioned hazard or or their parent/guardian signature, consents to ports Commission ("PBCSC" and/or the Palm of the use of their photographs and video and ecorded materials. PBCSC and PBCSI, their officers, officials, agents the used to conduct the event ("Releasees"),
I, AGREEMENT. FULLY UNDERSTAND ITS TERMS FREELY AND VOLUNTARILY WITHOUT ANY IN	, HAVE READ THIS RELEASE OF LIAS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL IDUCEMENT.	ABILITY AND ASSUMPTION OF RISK RIGHTS BY SIGNING IT, AND SIGN IT
Signature:	Age: Date	or
for myself, my heirs, assigns, and next of kin. I release a	ER AGE 18 AT THE TIME OF REGISTRATION) sponsibility for this participants, do consent and agree to his/her re ind agree to indemnify and hold harmless the Releasees from any ar ded above, EVEN IF ARISING FROM THE NEGLIGENCE OF	nd all liabilities incident to my minor child's
Parent/Gaurdian Signature:	Emergency	Contact Number:
Parent/Gaurdian Name (Please Print)	Last	Date:
First	Last	