RELEASE AND WAIVER of LIABILITY and Parental or Guardian Consent Agreement-2026-2027 Season

Printed Name of Participant: _____ DOB: _____ Grade: _____

Address_____

Street City State Zip Code

E-Mail of Participant or Parent/Guardian: _____

Participant Cell Phone: _____ Parent Name & Cell Phone: _____

RELEASE FOR MEDICAL TREATMENT

It is necessary for you to authorize health care providers (including coaches) to administer treatment in the case of emergency (accident, sudden illness, etc.). Therefore, this release & waiver is not complete until this section is signed by the Participant if of legal age or parent or guardian and must be received *before* the start of any program.

I hereby authorize any medical treatment which may be advised or recommended by the attending health care providers of the Participant while in participation in any of *the TB Florida LLC, program* or may become necessary because of injury or emergency situation.

Signature: **Date:** _____

RELEASE AND WAIVER OF LIABILITY FOR MINOR

The undersigned hereby acknowledges that participation in any *TBT Florida LLC* program or activity involves an inherent risk of physical injury, and sometimes death. Therefore I/We as, parent(s) or guardian(s) on behalf of my/our child or ward and their heirs, beneficiaries, survivors and assigns hereby assume all such risk and do hereby release and forever discharge *TBT Florida LLC, THE CITY OF CLEARWATER,* and their directors, officers, employees, coaches, and agents from any and all liability of whatever kind of nature, including any and all individual or derivative parental claims, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, injury or death due to bacterial or viral disease including but not limited to COVID-19, damage to property, and the consequences thereof, resulting from the Participant's active participation or involvement in any program or activity even if due to the negligence of *TBT Florida LLC, The City of Clearwater*, through its officers, directors agents, apparent agents, servants or employees including but not limited to, any failure of equipment or defect in the premises or rescue operations.

I/We have read this agreement, fully understand its terms, understand that I/We have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the extent allowed by law and agree that if any portion of this agreement is held invalid, the balance shall continue in full force and effect.

_____ _____

Signature of Father/Guardian **Date** **Signature of Mother/Guardian** **Date**

PHOTO/VIDEO WAIVER

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The undersigned hereby grants permission to TBT Florida, LLC, its agents, servants, employees, or apparent agents, the right to produce photographs and videos taken of my child, ward or myself while participating in any and all Programs, Activities or Events for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in an medium by the TBT Florida LLC. I hereby release TBT Florida LLC, and its agents, servants, employees, or apparent agents from liability for any violation or claims relating to said images or videos. I further waive my right or the right of my child or ward to all compensation stemming from the use of these materials.

Signature (if Adult): _____

Signature of Mother/Guardian: _____

Signature of Father/Guardian: _____