## ORLANDO EXECUTIVE AIRPORT'S SPORTS WAIVER AND PERMISSION FORM [ADULT]

## **PARTICIPANT INFORMATION**

First Name:	M.I	Last I	Name:	
Date of Birth:	Ger	nder:	_ Phone Number:	
Name of Event: Event Dates:	RUN FOR THE ANGELS 51	Senefitting Angle	el Flight Southeast	
Activity(ies):	Running or walking of a cha conjunction with the Event.	rity 5k together w	vith any other activities conducted at, or in	
TERMS AN	ND CONDITIONS OF PAR	TICIPATION – I	PLEASE READ BEFORE SIGNING	
event/Activity may occur, I h		Sports Waiver and Perm	ced above (collectively, the <b>"Event/Activity</b> "), wherever nission Form completely and carefully, I acknowledge that as follows:	
engaging in activities that participation may also involving light and from the condition of the foregoing assume all of the foregoing light and acceptant acceptant and acceptant acceptant acceptant and acceptant a	involve the risk of serious personal e the risk of severe economic and prosect of myself and others (including but to on of any property, facilities or equipms, and may not be foreseen or reasonating risks, which risks may include, a text personal responsibility for any injury liability or expense, of any kind or civity. On my own behalf, and on behalt of or in any way connected with my serious from and against any and all such (sunderstand that this release and indebodily injury (including death), proper the purposes hereof, the "Released for and Commissioners, the Federal cities, and the officers, directors, employing entities. The Event/Activity is a	injury, illness, permai operty loss and damage not limited to other indirent used. I also undersably foreseeable by any among other things, minerisk of injury caused (including, but not limit nature, that I or my palf of my heirs, executed below) of and from all participation in the Evaluation in the Evaluation in the Evaluation and loss by I Parties" are the Great Aviation Administration opens, agents, contraction non-commercial charitation	c incidental to my participation in the Event/Activity, I may anent disability, dismemberment, and death, and that sue. I understand that these risks may result from the actio dividuals in attendance at the Event/Activity and the Releasestand that there may be risks involved which are not known of us at this time or at the time of the Event/Activity. I agruscle injuries and broken bones, as well as the risk of a by the condition of any property, facilities or equipment us ited to, personal injury, disability, dismemberment and deat property may suffer arising out of or in connection with ors, administrators and next of kin, I hereby release, covered I liabilities, claims, actions, damages, costs or expenses of a vent/Activity, and further agree to indemnify and hold each on the imited to, all attorneys' fees and disbursements up through the same of the regligence, action or inaction of any of the y theft or otherwise, whether suffered by me before, during the or otherwise, whether suffered by me before, during the or otherwise, whether suffered by me before, during the or otherwise, whether suffered by me before, during the or otherwise, whether suffered by me before, during the or otherwise, whether suffered by me before, during the or otherwise, whether suffered by me before, during the or otherwise, whether suffered by me before, as and the order of price or otherwise, successors, assigns, a lable event hosted by the Released Parties.	uch ons, sed of to pree any sed th), my ant any of the any and
evel required in conjunction aspect all related facilities ar onnection the Event/Activit medical personnel if I am no	with the Event/Activity, and have not nd equipment. In connection with any y, I authorize any emergency first a t able to act on my own behalf. Additi	been advised otherwise injury sustained or illne iid, medication, medica ionally, I authorize medi	e. I agree that before I participate in the Event/Activity, I ress or medical conditions experienced during my attendance all treatment or surgery deemed necessary by the attendical treatment for me, at my cost, if the need arises; however the provision of, or failure to provide, medical treatment.	will e in ling ver,
	TIES INSPECTION: I will immediate ity until all unsafe conditions observed		nager of any unsafe condition that I observe, and will refuse edied.	e to
therwise exploit my name, to n computer or other device ncluding, without limitation purposes, including, without urther approval, and I agre	face, likeness, voice, and appearance, applications, online webcasts, televisio , digitized images or video, through : limitation, publication of Event/Activ	in all media, whether non programming, motion the universe in period result, without come Released Parties for a	rd and/or videotape me and further to display, edit, use and now known or hereafter devised, (including, without limitation pictures, films, newspapers, and magazines) and in all for perpetuity, whether for advertising, publicity, or promotion mpensation, residual obligations, reservation or limitation, any Claims associated with such grant and right to use.	ion, rms onal or
ADULT: I acknowledge this	Event/Activity is open to participation	by adults (18 years of a	age or older) only and I affirm that I am an adult.	
ut of this Waiver and Pern lorida (or if such Circuit Co	nission Form shall be commenced exc	clusively in the Circuit ( e subject matter thereo	the State of Florida, and any legal action relating to or aris Court of the Ninth Judicial Circuit in and for Orange Cour of, then to such other court sitting in such county and hav JURY.	nty,
Date	E-MAIL		SIGNATURE	