

Disney Sports Waiver and Permission Form

(Minor)

Please Print

(17 Years of Age or Younger)

Volunteer Information

First Name: _____ M.I. _____ Last Name: _____

Address: _____

DOB: _____ Gender: _____ Emergency Phone Number: _____
(MM/DD/YYYY) (M/F)

Event Information

Name of Event: 2019 Disney Wine & Dine Half Marathon Weekend Powered by AFTERSHOKZ Event Dates: October 1, 2019 – November 3, 2019

Benefited Charitable Organization(s): Second Harvest Food Bank of Central Florida

TERMS AND CONDITIONS OF PARTICIPATION - READ CAREFULLY BEFORE SIGNING

In consideration of my child or ward being permitted to volunteer in connection with the Event referenced above, for the Benefited Charitable Organization described above, and participate in all activities conducted in conjunction therewith (collectively, the “Event/Activity”), wherever the Event/Activity may occur, I hereby attest that, after reading this Medical Volunteer Waiver and Permission Form completely and carefully, I acknowledge that my child’s or ward’s participation in the Event/Activity is entirely voluntary, and I further understand and agree as follows:

ASSUMPTION OF RISK/LIABILITY RELEASE AND INDEMNITY: I understand that incidental to my child’s or ward’s participation in the Event/Activity, my child or ward may be engaging in activities that involve the risk of serious personal injury, illness, permanent disability, dismemberment, and death, and that such participation may also involve the risk of severe economic and property loss and damage. I understand that these risks may result from the actions, negligence and failure to act of my child or ward and others (including but not limited to other individuals in attendance at the Event/Activity and the Released Parties) and from the condition of any property, facilities or equipment used. I also understand that there may be risks involved which are not known to my child or ward, as applicable, or to the Released Parties, and may not be foreseen or reasonably foreseeable by any of us at this time or at the time of the Event/Activity. I agree on behalf of my child or ward, to assume all of the foregoing risks, which risks may include, among other things, muscle injuries and broken bones, as well as the risk of any negligence by other participants or by the Released Parties, and the risk of injury caused by the condition of any property, facilities or equipment used during the Event/Activity, and accept personal responsibility for any injury (including, but not limited to, personal injury, disability, dismemberment and death), illness, damage, loss, claim, liability, or expense, of any kind or nature, that my child or ward, or my child’s or ward’s property, as applicable, may suffer arising out of or in connection with my child’s or ward’s, participation in the Event/Activity. On behalf of my child or ward, and on behalf of my child or ward’s, heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of or in any way connected with my child’s or ward’s participation in the Event/Activity, and I further agree to indemnify and hold each of the Released Parties harmless from and against any and all such Claims including, but not limited to, all attorneys’ fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any Claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by my child or ward before, during or after such participation. For the purposes hereof, the “Released Parties” are Disney Destinations, LLC and Walt Disney Parks and Resorts U.S., Inc., and their respective parent, subsidiary, affiliated or related companies including, without limitation, ESPN, Inc. and its affiliated and subsidiary companies, and each of their respective parent, subsidiary, affiliated or related companies (the “Disney Companies”); the Benefited Charitable Organization, Reedy Creek Improvement District and its Board of Supervisors; the sponsors of the Disney Companies and of the Event/Activity, Event contractors, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, contractors, sub-contractors, representatives, successors, assigns, and volunteers of each of the foregoing entities.

VOLUNTEER CODE OF CONDUCT/APPRECIATION PROGRAM: I also acknowledge that at all times my child or ward is acting as a volunteer in order to benefit the Benefited Charitable Organization and that my child or ward is not acting as an employee of, and do not expect to receive compensation from, any of the above Released Parties. Therefore, my child or ward 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. By signing below, I acknowledge receipt of, and agree to adhere to, the “Volunteer Code of Conduct” attached hereto and incorporated herein by reference. Also, I understand, acknowledge and agree that any failure by my child or ward to comply with the “Volunteer Code of Conduct” may result in a revocation of my child’s or ward’s eligibility to participate in Disney’s Volunteer Appreciation Program, as determined by Disney and the Benefited Charitable Organization in their sole and absolute discretion.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that my child or ward is physically fit for participation in the Event/Activity, have the skill level required in conjunction with the Event/Activity, and have not been advised otherwise. I agree that before my child or ward participate in the Event/Activity, my child or ward will inspect all related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during my child or ward’s attendance in connection with the Event/Activity, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if my child or ward is not able to act on my child or ward’s own behalf. Additionally, I authorize medical treatment for my child or ward, at my cost, if the need arises; however, I acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

PUBLICITY RIGHTS: I further grant the Released Parties the right to photograph, record and/or videotape my child or ward and further to display, edit, use and/or otherwise exploit my child or ward’s name, face, likeness, Event/Activity results and standings (as more fully described below), voice, and appearance, in all media, whether now known or hereafter devised, (including, without limitation, in computer or other device applications, online webcasts, television programming, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images or video, throughout the universe in perpetuity, whether for advertising, publicity, or promotional purposes, including, without limitation, publication and use of Event/Activity results and standings (including but not limited to name, bib number, if applicable, age, times, if applicable, gender, “hometown”, or other standard Event/Activity results), without compensation, residual obligations, reservation or limitation, or further approval, and I agree to indemnify and hold harmless the Released Parties for any Claims associated with such grant and right to use. The Released Parties are, however, under no obligation to exercise any rights granted herein.

GOVERNING LAW: This Waiver and Permission Form shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Waiver and Permission Form 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 such county and having subject matter jurisdiction), **AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN(S)

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF EACH OF THE RELEASED PARTIES THAT IS, WALT DISNEY PARKS AND RESORTS U.S., INC., DISNEY DESTINATIONS, LLC, ESPN, INC. AND THEIR RESPECTIVE PARENT, SUBSIDIARY AND OTHER AFFILIATED OR RELATED COMPANIES (COLLECTIVELY, THE "DISNEY COMPANIES"); THE EVENT HOST, ALL EVENT SPONSORS AND CHARITIES HAVING A PRESENCE AT THE EVENT AND THEIR RESPECTIVE PARENT, SUBSIDIARY AND OTHER AFFILIATED OR RELATED COMPANIES (COLLECTIVELY, THE "EVENT HOST/SPONSORS/CHARITIES"); REEDY CREEK IMPROVEMENT DISTRICT AND ITS BOARD OF SUPERVISORS (COLLECTIVELY, "RCID") AND THE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, SUBCONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES) USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY THAT CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES (THAT IS, WALT DISNEY PARKS AND RESORTS U.S., INC. AND THE OTHER DISNEY COMPANIES; THE EVENT HOST/SPONSORS/CHARITIES; RCID; AND THE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, SUBCONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES) IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES (THAT IS, WALT DISNEY PARKS AND RESORTS U.S., INC. AND THE OTHER DISNEY COMPANIES; THE EVENT HOST/SPONSORS/CHARITIES; RCID; AND THE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, SUBCONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES) HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

THE NOTICE IN THE PRECEDING PARAGRAPH IS ALSO GIVEN AND APPLICABLE IF YOU ARE THE LEGAL GUARDIAN OF A MINOR WARD, IN WHICH CASE BY SIGNING THIS FORM YOU ARE AGREEING TO LET YOUR MINOR WARD ENGAGE IN POTENTIALLY DANGEROUS ACTIVITIES AND GIVING UP YOUR MINOR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES (THAT IS, WALT DISNEY PARKS AND RESORTS U.S., INC. AND THE OTHER DISNEY COMPANIES; THE EVENT HOST/SPONSORS/CHARITIES; RCID; AND THE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, SUBCONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES), ALL AS MORE FULLY EXPLAINED IN THE

PRECEDING PARAGRAPH; IT BEING UNDERSTOOD AND AGREED THAT, AS USED IN THE PRECEDING PARAGRAPH, THE TERM "CHILD" INCLUDES YOUR MINOR WARD FOR ALL PURPOSES THEREOF.

By signing below, I certify that: (1) I have fully and completely read and understand this Sports Waiver and Permission Form; (2) I am 18 years of age or older; (3) I am the legal guardian of the minor child identified above and below; (4) the information set forth above pertaining to my child or ward is true and complete; and (5) I consent and agree to all of the foregoing on behalf of myself and my minor child or ward identified above and below.

Date

Signature of Parent or Court Appointed Guardian

Printed N of Parent or Court Appointed Guardian

Volunteer Code of Conduct

- I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators of the Event.
- I will treat everyone equally regardless of race, color, national origin, religion, sex, age, marital status or physical ability, and regardless of whether such person has HIV/AIDS or sickle cell trait.
- I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and The Benefited Charitable Organization.
- I will display control, respect, dignity and professionalism to all involved including athletes, coaches, opponents, officials, administrators, parents, Event spectators and media. Profanity and taunting are subject to immediate ejection.
- I will respect the property of all hotels, dormitories, schools, athletic, recreational and dining facilities.
- I will report any emergencies to the appropriate authorities.
- I will not take part in the consumption of alcoholic beverages and/or controlled substances while at the *Walt Disney World*® Resort. Nor will I take part in smoking or chewing tobacco while at the *Walt Disney World*® Resort.
- I will not engage in any type of inappropriate behavior such as theft, harassment, criminal activity, sexual activity, and/or verbal or physical abuse.
- I will abide by the rules and direction set forth by The Benefited Charitable Organization.
- I understand that race preparation and other pre-race activities are confidential and I will not photograph or audiovisual capture (including video), stream or post any images or description of such pre-race attendees, items (e.g. medals), activities.

This Code of Conduct is designed to assist each volunteer in abiding by the philosophy of The Benefited Charitable Organization and its mission. Any volunteer who does not follow this Code of Conduct will be immediately terminated from current and future volunteer shifts and may be prohibited from participation in the Event.

By signing this form and showing my photo identification I certify and acknowledge that:

- I have fully and completely read this Sports Waiver and Permission form;
- I have read the Volunteer Code of Conduct and all release and notifications and agree to adhere to said terms.
- I am 18 years of age or older;
- I am the legal guardian of the minor child identified above and below;
- The information set forth above pertaining to my child or ward is true and complete; and
- I consent and agree to all of the foregoing on behalf of myself and my minor child or ward identified above and below.

Date

Signature of Parent or Court Appointed Guardian

Printed Name of Parent or Court Appointed Guardian