



Apopka Raptors, AAU Inc.
 P.O. Box 1493 ▪ Apopka ▪ FL ▪ 32712
 Phone: 407-921-1574 ▪ Fax:
www.apopkaraptors.com



APOPKA RAPTORS YOUTH REGISTRATION & RELEASE

***BY COMPLETING THE REGISTRATION BELOW, I HEREBY AGREE TO THE FOLLOWING:

In consideration of allowing my minor child (under 18) to participate in any way with the Apopka Raptors Football and Cheer Organization at the practice field or any related events and activities. I, the undersigned parent/guardian, acknowledge, appreciate, and agree that: 1. The risk of injury or illness from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious unjust doesn't exist; and, 2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, even if arising from the negligence of the releases, or others, and assume full responsibility for my child's participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant hazard during my presence or my child's participation, I will remove my child from the participation and bring such to the attention of the Organization immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS APOPKA RAPTORS FOOTBALL AND CHEER ORGANIZATION**, their officers, officials, agents and/or employees, other participants, and if applicable, owners and leasers of premises used for the activity ("Releases"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person and property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE**, to the fullest extent permitted by law. In addition, I agree to allow APOPKA RAPTORS FOOTBALL AND CHEER ORGANIZATION to use any photographs and videos taken at any events and/or activities for purpose of publicity.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

CHILD'S NAME: _____

GENDER: ___ DATE OF BIRTH: _____ AGE: ___ GRADE: _____

CIRCLE ONE: FOOTBALL / CHEER

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL

ADDRESS: _____

PARENTS

NAME: _____

PARENT SIGNATURE: _____ DATE: _____

*****PLAYERS ARE NOT TO SHARE WATER BOTTLES*****