

Miracle Sports 2025-26 Registration Form

 Player's Name

 Date of Birth (Age if unknown)

 Athlete's Name

 Address

 City, State, Zip

 Home Phone(s)

 Cell Phone

 E-mail address

 Parent / Guardian's Full name (If Applicable)

 Address

 City, State, Zip

 Home Phone(s)

 Cell Phone

 E-mail address

Player's Disability: _____ Allergies: _____

Accommodations Requested: _____

Wheelchair: _____ Walker: _____ Other: _____

First Player / year: \$30.00*\$	_____
Additional Sibling(s) / year: \$10.00 each\$	_____
Additional Donation\$	_____
TOTAL\$	=====

Are you of Hispanic, Latino, or Spanish origin? YES NO

Are you a military veteran pre-2001 (Gulf, Vietnam)? YES NO

Are you a military veteran post-2001 (Iraq/Afghanistan)? YES NO

RACE*

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Asian and White
- Other

GENDER*

- Male
- Female
- Other

Date of Birth*

***This information is for grant purposes and will only be used to report the total number of responses per answer. All information will remain confidential.**

Formore information: www.miraclesports.org/ / info@sportsability.org / (850)-201-2944
 Submit payment at: www.sportsability.org/donate - OR - Make checks payable to SportsAbility Alliance.

SportsAbility Waiver & Release of Liability, and Media Release Agreement

The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" Florida Disabled Outdoors Association, Inc. (DBA SportsAbility Alliance) and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in SportsAbility Alliance related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

- 1. Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.
- 2. Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.
- 3. Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.
- 4. Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of FL and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Leon County, FL; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the undersigned.

Sign



I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Participant's Signature _____ Participant's Name (please print clearly) _____ Date _____

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Parent / Guardian Signature _____ Parent / Guardian Name (please print clearly) _____ Relationship _____ Date _____

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

Sign



MEDIA RELEASE FORM

MEDIA / PHOTO WAIVER : Undersigned authorizes and gives full consent to Released Parties to copy and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature _____ Participant's Name (please print clearly) _____ Date _____

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Parent / Guardian Signature _____ Parent / Guardian Name (please print clearly) _____ Relationship _____ Date _____