TEACHER / GROUP LEADER REGISTRATION FORM *April 25-26, 2025*
(To be completed for the group accompanying teacher/leader) – 1 form per teacher/group leader
PLEASE COMPLETE, SIGN AND EMAIL TO INFO@SPORTSABILITY.ORG BY APRIL 19, 2025

Teacher / Group Leader Name _____

School / Group: _____

E-Mail Address _____

Address:_____

Phone # _____

SPORTSABILITY
Florida Disabled Outdoors Association
Celebrating 35 Years
1990-2025

SIGNATURES REQUIRED ON PAGE THREE FOR GROUP TO PARTICIPATE. SIGNATURES AUTHORIZE ENTIRE GROUP.

Please fill in the form with the proper information about your group. This information is used for grants that fund SportsAbility. Without the funding from these grants, SportsAbility would not be able to be offered FREE for all participants and would not offer many of the services participants enjoy. We thank you for your support! You will receive an email confirmation once we have received and reviewed your form. If you do not receive a response or if you have any questions, please contact us at 850-201-2944 or info@sportsability.org.

All information is confidential. The information will only be used to report the total number of responses. NO individual information/names will be shared.

Demographic Information within your Group:				
Student Name (First initial and last name only)	**Age**	**Race** (White, Black or African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Other)	**Gender** (Male/Female/ Non Binary)	**Disability**

Demographic Information within your Group (continued):				
Student Name (First initial and last name only)	**Age**	**Race** (White, Black or African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Other)	**Gender** (Male/Female/Non Binary)	**Disability**

Florida Disabled Outdoors Association 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. 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 Florida Disabled Outdoors Association, Inc. 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.

MEDIA RELEASE FORM

Sign

MEDIA / PHOTO WAIVER : Undersigned authorizes and gives full consent to Released Parties to copyright 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 _____