



Central Florida Athletics LLC

Transportation/Pick Up Authorization Form

Name of Child/Participant(s): _____

Activity or Special Event: _____, and any and all activities within and outside of the Central Florida Athletics LLC facility.

In the event that my child suffers any illness or injury requiring emergency treatment while involved in Central Florida Athletics LLC activities, I hereby give my permission for any necessary hospitalization, medication, or medication, on the recommendation of medical personnel, and I agree that I will be solely responsible for all costs. By signing this document, either individually and/or in the capacity of a natural or legal guardian, I acknowledge the inherent risks of bodily injury, psychological injury or even death, in the activities of sports, cheerleading, tumbling, swimming, and any other activities that Central Florida Athletics LLC may provide or transport my child to as part of its programs, as well as through presence as a spectator. By signing this document, I, individually and/or in the capacity of a natural guardian, hereby release, hold harmless, and exculpate Central Florida Athletics LLC, its owners, employees, volunteers, agents and representatives, from any and all liability for their negligence in allegedly bringing about bodily injury, psychological injury or death. My release of liability for negligence, set forth above, further extends to any defective condition of the premises and off-site facilities, whether or not known, and to the act of transportation to of from the premises.

The following persons are authorized to pick up my child from Central Florida Athletics LLC or from Central Florida Athletics LLC field trip locations.

Adult Name: _____ Relationship to Child _____

Adult Name: _____ Relationship to Child _____

Adult Name: _____ Relationship to Child _____

Adult Name: _____ Relationship to Child _____

Adult Name: _____ Relationship to Child _____

****NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN****

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 CENTRAL FLORIDA ATHLETICS LLC USES 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 WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CENTRAL FLORIDA ATHLETICS LLC 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 CENTRAL FLORIDA ATHLETICS LLC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent (Guardian) _____

Printed Name of Parent (Guardian) _____

Date _____