

**Cecil Partners, LLC Sports Waiver** for the EVENT New World Fall Spectacular XC race.

Coaches release for their athletes:

Cecil Partners, LLC & all entities associated with the New World Fall Spectacular

Activity(ies): Cross Country, together with any activities conducted at, or in conjunction with the Event

#### TERMS AND CONDITIONS OF PARTICIPATION-PLEASE READ BEFORE SIGNING

In consideration of your minor child or ward being permitted to participate in the Event and activities referenced above, wherever the Event and/or activities may occur, you hereby attest that, after reading this Waiver and Permission Form completely and carefully, including the notice above allowing you, the coach, to release all liability to the parties mentioned above, as required by Florida Statutes 744.301, you acknowledge that participation in the Event by your athlete is entirely voluntary, and that you understand and agree as follows:

**RELEASE OF LIABILITY:** I agree, on behalf of my athlete, to waive and release all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") associated with all risks that are inherent to his or her participation in the event and/or the activities specified above or other activities conducted in conjunction therewith (the "Event/Activity") (which risks may include, among other things, muscle injuries, heat and stress related issues, cuts, lacerations broken bones and Covid-19 Symptoms or Illness), whether such risks are open and obvious or otherwise. Further on behalf of myself, I hereby release, covenant not to sue, and forever discharge the Release Parties (as defined under "INDEMNITY/INSURANCE" below) of and from all Claims arising in any

manner out of or in any way connected with my child's or ward's participation in the Event/ Activity.

**HOLD HARMLESS:** Applicant, members, and participants do hereby agree to release, hold harmless, and forever discharge from any liability, the City of Jacksonville, Florida, as well as its members, officials, officers, employees, and agents, for any claims, demands, causes of actions, judgements (including costs and expenses) or liability arising directly or indirectly from damages, bodily injury, or death that I might sustain as a result of our voluntary participation of the Event/Activity New World Fall Spectacular XC.

**INDEMNITY/INSURANCE:** I agree to indemnify and hold each of Cecil Field Partners, LLC, Cecil Field Golf Course, and their respective subsidiary and other affiliated or related companies the Event host, all Event sponsors and charities having a presence at the Event/Activity, the sponsors of the Cecil Field Partners, LLC Event contractors, and their respective parent, subsidiary and other affiliated or related companies; harmless from and against any and all Claims arising out of or in any way connected with my athletes participation in the Event/Activity, wherever the Event/Activity may occur, including, but not limited to, all attorneys' fees and disbursements through and including any appeal. I understand and agree that this 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 me or athletes either before, during or after participation in the Event/Activity. I agree that I am not relying on the Released Parties to have arranged for, or carry, any insurance of any kind for my benefit or that of my athletes relative to my athletes participation in the

activities and the Event, and that I am solely responsible for obtaining any mandatory or desired life, travel, accident, property, or other insurance related to my athletes participation in the Event/Activity, at my own expense.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that athlete is physically fit for participation in the Event/Activity and has the skill level required in connection with the Event/Activity, and I have not been advised otherwise. I agree that before my athletes participate in any activity conducted in conjunction with the Event/Activity, I, or my athletes will inspect the related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during my athletes' 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 I am not able to act on my athletes behalf. Additionally, I authorize medical treatment for my athletes, at my cost, if the need arises; however, I acknowledge that the Released Parties will have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

EQUIPMENT AND FACILITIES INSPECTION: I, or my athletes if I am not in attendance at the Event/Activity, will immediately advise the Event manager of any unsafe condition that I, or my athletes, if I am not in attendance at the Event/Activity, observe. My athletes will refuse to participate, and I will refuse to let my athletes participate in the Event/Activity until all unsafe conditions observed by me, or my athletes, have been remedied.

PUBLICITY RIGHTS: I further grant the Released Parties the right to photograph, record and/or videotape me and my athletes and further to display, edit, use and/or otherwise exploit me or my athletes name, face, likeness, Event/Activity results (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 in 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 will 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 will be commenced exclusively in the Circuit Court of the Fourth Judicial Circuit in and for Duval County, Florida (or if such Circuit Court does 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 Athlete ENGAGE IN A POTENTIALLY

DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF EACH OF THE RELEASED PARTIES THAT IS, CECIL FIELD PARTNERS, LLC, CECIL FIELD GOLF COURSE, AND THEIR RESPECTIVE PARENT, SUBSIDIARY AND OTHER AFFILIATED OR RELATED 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"); USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR ATHLETE 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 ATHLETE'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES (THAT IS, CECIL FIELD PARTNERS, LLC, CECIL FIELD GOLF COURSE) IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR ATHLETES 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, CECIL FIELD PARTNERS, LLC, CECIL FIELD GOLF COURSE) 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, CECIL FIELD PARTNERS, LLC, CECIL FIELD GOLF COURSE), ALL AS MORE FULLY EXPLAINED IN THE PRECEDING PARAGRAPH; IT BEING UNDERSTOOD AND AGREED THAT, AS USED IN THE PRECEDING PARAGRAPH, THE TERM "ATHLETE or ATHLETES" INCLUDES YOUR MINOR WARD FOR ALL PURPOSES THEREOF.

By REGISTERING YOUR TEAM, I certify that: (1) I have fully and completely read and understand this Waiver and Permission Form; (2) I am 18 years of age or older; (3) I am the legal guardian or coach responsible of the minor child identified above; (4) the information set forth above pertaining to my athlete is true and complete; and (5) I consent and agree to the all of the foregoing on behalf of myself and my athletes identified by my roster submitted on the event entry pages: (Flrunners.com, DirectAthletics.com, 1stPlaceSports.com)

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School Name (Please Print)

Coach's Name (Printed) \_\_\_\_\_ Coach's Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_