

**RELEASE FORM**

KISSIMMEE SPORTS ARENA

958 S. HOAGLAND BLVD. KISSIMMEE, FL 34741 407-933-0020

ALL BULL RIDERS ARE REQUIRED TO WEAR SAFETY VESTS TO PARTICIPATE!

**LIABILITY RELEASE**

PLEASE CAREFULLY READ THIS LIABILITY RELEASE AND COMPLETE AND SIGN IT. NO ONE WILL BE ALLOWED TO PARTICIPATE IN ANY EVENT AT THE KISSIMMEE SPORTS ARENA (KSA) UNLESS HE OR SHE AGREES TO THE TERM OF THIS RELEASE AND HAS COMPLETED AND SIGNED IT. IF A PARTICIPANT IS UNDER 18 YEARS OF AGE, THE RELEASE MUST ALSO BE AGREED TO AND SIGNED BY A PARENT OR LEGAL GUARDIAN GIVING PERMISSION TO PARTICIPATE IN SAID EVENT.

INFORMATION (PLEASE PRINT)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EVENT(S) \_\_\_\_\_

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE ABOVE-LISTED EVENT (S) I \_\_\_\_\_, FOR MYSELF, MY HEIRS, RELATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS, RELEASE AND FOREVER DISCHARGE KISSIMMEE SPORTS ARENA, INC. IT'S OWNERS, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SPONSORS, AND ANY AFFILIATED OR RELATED COMPANY, ENTITY OR COMMITTEE (ALL REFERRED TO AS RELEASEES), OF ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES, OF WHATEVER KIND OR NATURE, WHICH I MAY HAVE AGAINST THEM ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN SUCH EVENTS. INCLUDING TRAVEL TO OR FROM THE EVENT(S), AND INCLUDING PERSONAL BODILY INJURIES, DEATH AND/OR PROPERTY DAMAGE WHICH MAY BE SUFFERED BY ME BEFORE, DURING OR AFTER THE EVENT. I UNDERSTAND THAT THIS WAIVER AND RELEASE INCLUDES ANY CLAIMS BASED ON NEGLIGENCE, ACTION OR INACTION OF ANY OF THE RELEASEES.

I UNDERSTAND THAT RODEO RIDING IS HAZARDOUS ACTIVITY, I ASSUME FULL RESPONSIBILITY FOR ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF ANY TO THE RELEASEES OR OTHERWISE WHILE AT KSA AND OR WHILE PARTICIPATING IN ANY ACTIVITIES OR EVENTS THERE. I FURTHER RELEASE ALL OFFICIALS AND PROFESSIONALS PERSONNEL FROM ANY CLAIM WHATSOEVER ON ACCOUNT OF FIRST AID, TREATMENT OR SERVICE RENDERED AT KSA, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE. I AGREE TO BE BOUND BY THE BYLAWS AND RULES OF KSA. I FURTHER GRANT FULL PERMISSION TO RELEASEES TO USE PHOTOGRAPHS, VIDEO TAPES AND ANY OTHER RECORD OF THE EVENT(S) INCLUDING MY NAME, LIKENESS AND / OR VOICE FOR ANY LEGITIMATE PURPOSE. I AGREE THAT THIS RELEASE AND WAIVER AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE OF FLORIDA AND THAT IF ANY PORTION OF THE AGREEMENT IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT. THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES TO THIS AGREEMENT AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL. I SWEAR THAT THE INFORMATION STATE ABOVE IS TRUE AND ACCURATE. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND SIGN IF OF MY OWN FREE WILL.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
WITNESS TO SIGNER

**AGREEMENT AND CONTESTANT OF PARENT OR GUARDIAN OF MINOR**

I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE APPLICANT. I REPRESENT THAT THE FACTS HEREIN CONCERNING MY CHILD OR WARD ARE TRUE. I HEREBY GIVE MY PERMISSION FOR MY CHILD OR WARD TO PARTICIPATE IN THE ABOVE LISTED EVENTS, AND FURTHER AGREE INDIVIDUALLY AND ON BEHALF OF MY CHILD OR WARD, TO THE TERMS OF THE ABOVE AGREEMENT AND RELEASE OF LIABILITY. BY SIGNING THIS CONSENT I AM ALLOWING MY CHILD OR WARD PERMISSION TO PARTICIPATE IN THE ABOVE EVENT FOR THE FISCAL YEAR OF JANUARY 1, \_\_\_\_\_ TO DECEMBER 31, \_\_\_\_\_. IF I WISH TO WITHDRAW MY PERMISSION TO PARTICIPATE I MUST SUBMIT A WRITTEN NOTICE TO THE KISSIMMEE SPORTS ARENA. NO OTHER FORM OF WITHDRAW WILL BE ACCEPTED.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
WITNESS TO SIGNER

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

PLEASE PRINT DOCUMENT