



Summer 2012 PAL Activity Waiver

Police Athletic League of Sarasota County, Inc.
101 N. Orange St.
Englewood, FL 34223
941-474-3118 (office)
941-474-2125 (fax)

PLEASE PRINT (THIS FORM MUST BE NOTARIZED – SEE REVERSE SIDE)

Child's Legal Name: _____ M/F: _____

Date of Birth: _____ Age: _____ Race: _____ School Name: _____ Grade: _____

Mother/Guardian Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Work Phone#: _____ Cell Phone#: _____

Father/Guardian Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Work Phone#: _____ Cell Phone#: _____

Child's Insurance Co: _____

Policy#: _____

Emergency contact person: _____ Phone number(s): _____

Relationship: _____ Additional contact information: _____
(Emergency contact will only be used if mother and/or father cannot be reached.)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

IF MY CHILD, _____, SHOULD BECOME ILL OR BE INJURED AT THE PAL PROGRAM, I UNDERSTAND THAT THE FACILITY WILL: 1) CONTACT ME IMMEDIATELY OR 2) SHOULD CONTACT THE PERSON(S) I HAVE DESIGNATED. I GIVE MY PERMISSION FOR THE P.A. L. PROGRAM TO CONTACT MY CHILD'S PHYSICIAN AND/OR ARRANGE FOR IMMEDIATE EMERGENCY TREATMENT. THE PHYSICIAN AND/OR MEDICAL FACILITY ARE AUTHORIZED TO ADMINISTER EMERGENCY MEDICAL TREATMENT NECESSARY TO INSURE THE SAFETY OF MY CHILD.

MEDIA RELEASE

I UNDERSTAND THAT FROM TIME TO TIME, PAL, AS WELL AS NEWSPAPERS AND TELEVISION STATIONS, MAY INTERVIEW, PHOTOGRAPH AND/OR VIDEO TAPE OUR PROGRAMS FOR PUBLICATION. I RELEASE THE RIGHTS TO ALL PHOTOGRAPHIC AND VIDEO MATERIALS PAL MIGHT USE FOR PROMOTIONAL ACTIVITIES WITHOUT OBLIGATION TO MY CHILD OR ME.

Parent/Guardian Signature: _____ Date: _____



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Waiver and Liability Release

In consideration of being allowed to participate in any way in the Police Athletic League of Sarasota County, Inc., athletic/sports program, and related events and activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and agree not to sue the Police Athletic League of Sarasota County, Inc., Sarasota County Sheriff's Office, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, leasees and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to the undersigned, his or hers next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER AND RELEASE. I SIGN IT VOLUNTARILY.

Parent/Guardian (Signature)

Date

Parent/Guardian (Print)

THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____ 20____ by

___ PERSONALLY KNOWN TO ME OR

___ PRODUCED IDENTIFICATION: TYPE OF IDENTIFICATION PRODUCED _____

NOTARY PUBLIC SIGNATURE

COMMISSION NUMBER

MY COMMISSION EXPIRES

PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

PAL Director approval _____