

Pasco-Hernando State College Volleyball Showcase

2018 Registration Form

Name: _____ Age: ____ Grade as of 8/18: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone # _____ Emergency Phone # _____
School: _____

Consent to enroll form

In consideration of being allowed to participate in any way in the Pasco-Hernando State College Volleyball Showcase, related events and activities, the undersigned acknowledge, appreciates, and agrees that:

1. For myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless Pasco-Hernando State College Volleyball, The District Board of Trustees of Pasco-Hernando State College, and any of its Trustees, officers, servants, agents or employees (collectively PHSC) and if applicable, owners and lessors of premises used to conduct this Showcase (releases) with respect to any and all personal injury and bodily injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise that may be sustained by my child/legal ward, while in, on or upon the premises where the Clinic activities are being conducted, and,

2. I, as parent/guardian with legal responsibility for this Showcase participant, do consent and agree to releases as listed above all the releases for myself, my heirs, assigns, and next of kin, and agree to indemnify the releases from any and all liabilities incidental to my minor child's involvement or participation in these programs. Consentee agrees to assume all risks and liabilities associated with participant's participation in the Showcase and to hold PHSC harmless from any and all claims, causes of action, losses or damages arising from or as a result of participant's participation in the Showcase, except due to the negligence or wrongful act or omission of PHSC. However, PHSC's liability hereunder is subject to the extent and limitations of Section 768.28, Florida Statutes, and nothing herein shall be construed as a waiver of PHSC's sovereign immunity beyond that provided in Section 768.28, Florida Statutes. 3. I further agree to indemnify and hold harmless the releases from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my child's participation in Showcase activities whether caused by negligence of releases, or otherwise.

4. I/we, the undersigned, hereby certify that I/we, am/are the parent or legal guardian of the participant named below. I/we hereby give permission for the staff of this Showcase to administer during the period of the Showcase, appropriate medical attention to my child provided to the participant which are not paid by the Showcase's excess policy after all other available personal insurance has paid or declined payment.

5. I hereby consent for emergency medical treatment of participant named below, in the event that I cannot be reached. 6. PHSC may take photographs and/or videos of participant while participating in our program. PHSC has the permission to use this media in any manner at all, in whole or part, either by themselves or in conjunction with other promotional and advertising uses, and for other trade purposes.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. I have no knowledge of any physical condition that would prohibit my child from participating in the Pasco-Hernando State College Volleyball Showcase.

Participant's Name

Parent/Guardian's Signature

Date Signed

Insurance Carrier

Policy #