

**South Florida In-Line
Hockey League**

**2012 Photographer
Registration Card**

**Permanently Attach a Copy
of Player's Current AAU
Membership Card Here.
Photographer Category
Valid Expiration Date is
8-31-2012**

WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT:

In consideration of my participation in the South Florida In-Line Hockey League, Inc. ("The League"), I agree to assume the risks incidental to such participation and use of facilities and, on my own behalf, and on behalf of my heirs, executors and administrators, release and forever discharge the Released Parties (defined below), of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation in such activity, and further agree to indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, all attorney's fees and disbursements for The League, the AAU's Associations, clubs, coaches, officials, administrators, members, volunteers and participants, and any parent, related and/or affiliated entity or organization and the offices, directors, agents, representatives, successors and assigns of each of the forgoing entities. I understand that this waiver of liability, release, assumption of risk and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above Released Parties and covers bodily injury (including death) and property damage, whether suffered by me before, during or after such participation. I declare that I am in good health, have the skill level required and the proper physical conditioning to participate in this particular activity. I agree and warrant that if at any time I believe conditions to be unsafe, I will discontinue further participation in the activity. I further authorize medical treatment for myself, at my cost, if the need arises. I also understand that I may be required to leave the facility premises should I exhibit undesirable conduct.

I further grant the Released Parties the right to photograph and/or record video of me or my child and further display, use and/or otherwise exploit my or my said child's name, face, likeness, voice and appearance for media coverage, public relations and any other purpose which may involve the use of photographs, digital images, films and/or video recording (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, and magazines), including, without limitation, publication of league results and standings, or for any other purposes whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise said rights herein granted.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this agreement shall be commenced exclusively in the Circuit Court in and for Broward County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction), and I specifically waive the right to trial by jury.

School Photographer & Parent/Guardian Certifications:

I hereby certify that:

All of the below listed identifying information is true and correct. I have carefully read, understand and agree to the Waiver of Liability, Release, Assumption of Risk and Indemnity contained on this registration card.

School Photographer Signature		Date
Parent/Guardian Signature	Date	Parent/Guardian Printed Name