



# Parental Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

Applicant Information			
Participant's Name:		Date of Birth:	
Address:		City	State:      Zip:
Home Phone:		Parent/Guardian's Name:	
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached <u>during</u> event:	

Consent & Liability Waiver	
<b>Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older <u>and</u> in high school.</b>	
In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) <u>Our Lady of Grace youth group</u> to:	
Event & Location: <b>Andretti Thrill Park</b>	Date & Time: <b>07/10/2024 5:45pm to 8pm</b>
<input checked="" type="checkbox"/> Transportation Not Provided <input type="checkbox"/> Transportation Provided	Method of Transportation:
I acknowledge that (entity name) _____ is providing transportation only from _____ to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and <b>RELEASE AND HOLD HARMLESS AND INDEMNIFY</b> , (entity name) _____, The Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.	

\_\_\_\_\_  
 Parent/Guardian Signature Date  
*(must sign for any participant under 18 &/or 18 or older & in high school)*

**Participant:** In signing the line below, I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

\_\_\_\_\_  
 Participant's Signature Date

Insurance Information			
<input type="checkbox"/> No, I do not carry medical insurance at this time. <input type="checkbox"/> I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**



RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I, the undersigned, hereby acknowledge that I have voluntarily chosen to play and/or ride the "ANDRETTI CHALLENGE AND OTHER GO-KART TRACKS, LASERTAG, MINIGOLF, BOATS, BATTING CAGES, ROCK CLIMBING WALL, ROPES COURSE, SPINNING COASTER, ANDRETTI 360, DROP-N-TWIST TOWER, PLAYGROUND, ARCADE GAMES AND ALL OTHER AMUSEMENT RIDES (the "Attractions")" located at Andretti Thrill Park in Melbourne, FL. I know and fully understand that riding in any of these Go-Karts, arcade games and amusement rides is a dangerous and hazardous activity where serious accidents can occur. I understand that the participants in using vehicles and rides of this nature, and in dealing with different weather conditions, mechanical and electrical apparatuses, employees of unknown skills, and the potential for personal error creates an unknown condition whereby a participant may encounter unanticipated hazards and risks that can result in illness, injury, death and or property damage, whether obvious or not, and can be intensified by the unavailability of immediate medical attention in case of injury.

I acknowledge that the basic operation of the "ANDRETTI CHALLENGE AND OTHER GO-KART TRACKS, LASERTAG, MINIGOLF, BOATS, BATTING CAGES, ROCK CLIMBING WALL, ROPES COURSE, SPINNING COASTER, ANDRETTI 360, DROP-N-TWIST TOWER, PLAYGROUND, ARCADE GAMES AND ALL OTHER AMUSEMENT RIDES (the "Attractions")" has been explained. I represent that I (or any person on whose behalf I am signing) am physically and mentally fit to participate in these rides, and that the rider has no current or past medical condition, (i.e. heart conditions, back problems, pregnancy, subject to seizures, paralysis, restrictive use of arms or legs, etc.) I agree that participant has read and fully understands the Important Ride Notice & Rules and hereby agrees to follow all rules, regulations and instructions and to act at all times in a civilized and ruly manner.

In consideration for MTP OF BREVARD COUNTY, LLC allowing me to ride any amusement ride, I represent and promise that I (or any person on whose behalf I am signing), my personal representatives, heirs, next of kin, spouse, and members of my family, assigns voluntarily and expressly agree to release, discharge, covenant not to sue and hold harmless MTP OF BREVARD COUNTY, LLC, dba Andretti Thrill Park, The City of Melbourne, The State of Florida and all owners, officers, directors, members, agents, and employees of the above named parties and affiliates from any and all legal liability, property damage or medical expenses resulting from my participation in these rides and personally assume all risk including but not limited to negligence, strict liability, breach of contract, or any other act or omissions or any other participants including myself or from any other cause.

I fully recognize and understand if I (or any minor on whose behalf I am signing this release) am hurt, die or my property is damaged, I am giving up my (our) right to make a claim or file a lawsuit against all parties and affiliates named herein, even if they negligently or by some other act or omission caused the injury or damage.

As a parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agree that said minor may participate in these rides and I sign this release on their behalf. In addition, I give MTP OF BREVARD COUNTY, LLC, its agents, employees and associates permission to treat said minor in cases of illness, injury, emergency, or accident. Should emergency or medical services become necessary the expenses are the sole responsibility of the participant and not that of any other party or affiliate named herein.

I have read this document, and understand that this is a full and complete release of all claims for all liability. I understand that I am assuming all risks inherent in riding or participating in the "ANDRETTI CHALLENGE AND OTHER GO-KART TRACKS, LASERTAG, MINIGOLF, BOATS, BATTING CAGES, ROCK CLIMBING WALL, ROPES COURSE, SPINNING COASTER, ANDRETTI 360, DROP-N-TWIST TOWER, PLAYGROUND, ARCADE GAMES AND ALL OTHER AMUSEMENT RIDES (the "Attractions")". I voluntarily sign my name as evidence of my acceptance of the above provisions and agree to be bound by the terms of this agreement. I understand and agree that this Release of Liability covers each and every activity and event in which I participate hereafter. I acknowledge that Andretti Thrill Park could use my e-mail address for marketing purposes and will not share this information with any other entity. I also understand that by signing bellow, my photo or likeness may be used for the purpose of advertising the facility.

(Print) PARTICIPANT'S NAME(S) \_\_\_\_\_

(Print) PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ TEL# ( ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Signature of participant or legal guardian if participant is under age 18)