



DUE DATE: Saturday, March 30th, 2024



27th Annual Plywood Regatta

Participant Consent Form & Liability Waiver

THIS FORM MUST BE SIGNED PRIOR TO START OF EVENT

In consideration of the privilege of being allowed to take part in the Marine Industries Association of South Florida's Annual Plywood Regatta, use of the equipment and the facilities of the Association, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and/or on behalf of my minor child named below do hereby agree to indemnify and hold harmless the Marine Industries Association of South Florida, its trustees, elected and appointed officials, agents, servants, volunteers and employees from and against all claims, demands, causes of action of whatsoever kind, and for any resulting judgments, losses, costs, damages, liability, expenses, including, but not limited to attorneys fee arising out of, occurring during or relating to the use of the equipment, facilities, or participation in the Marine Industries Association of South Florida's Annual Plywood Regatta.

I further acknowledge and authorize the photograph and videotape and publication of such photographs and videotapes of myself and/ or my minor child to promote or publicize the Marine Industries Association of South Florida's Annual Plywood Regatta. I understand the physical requirements of participation in this activity and affirm that my child and/or I meet(s) these requirements. I give permission for coordinators, staff, and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the case of injury, accident, illness, or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury to myself and/or my child or damage to my property.

All of the information on this form is true and complete to the best of my knowledge. By signing below, we release the Marine Industries Association of South Florida and all sponsors from all claims present or arising from this event. I/We understand and agree to all rules.

Name (please print) [Parent if participant is a minor]

Signature (Parent if the participant is a minor)

Date

Participant Information Please type or print all information except for signatures.

First Name:

Last Name:

Mailing Address:

Apt #:

City:

State:

Zip:

Home Phone:

Cell:

Email:

Parent or Guardian Information

First Name:

Last Name:

Mailing Address:

Apt #:

City:

State:

Zip:

Home Phone:

Cell:

Email:

Relationship to Applicant:

School/Organization Information

School/Organization Name:

Grade Level:

Graduation Date (mm/yy):

GPA:

Address:

City:

State:

Zip:

Complete and mail or bring form to MIA SF, 221 SW 3rd Avenue, Fort Lauderdale, FL 33312 or scan and email to info@miasf.org.