

Participant Forms II

To be completed on behalf of accompanying adults and/or minors approved to participate on the wish (1 of 2)

Wish Child	
First Name	
Last Name	
Arrival Date	

General Release and Waiver of Liability Agreement

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guardians/print full legal name)			

ON BEHALF OF MYSELF AND MY MINOR CHILDREN IDENTIFIED HEREIN, HEREBY AGREE AS FOLLOWS:

- 1. Knowingly, freely and voluntarily, for myself, my child, and each of our heirs, personal representatives and assigns, do hereby fully release, waive and discharge any and all claims, demands, causes of action, suits in equity of whatever kind or nature, arising as a result of our participation in any activities related to fulfillment of the Wishes, whether or not on or around or traveling to or from any of the Facilities, from which any claims, liability, losses or damages may or could accrue to GKTW, and any of GKTW's partners, managers, members, officers, directors, employees or agents, as well as all of GKTW's related and affiliated companies and corporations, in addition to all volunteers and other individuals associated with fulfilling the Wishes (the "Released Parties"). I acknowledge that this release is intended to remain in effect and be enforceable for the initial Wish and any additional follow-up Wishes.
- 2. I knowingly and fully assume any and all risks of illness, injury or harm to myself and my minor children, including, but not limited to, death and injury, or other accident, and our property, whether such risks are inherent or incidental to the activities related to fulfillment of the Wishes or not or our traveling to or presence at or around the Facilities. I understand and acknowledge that some activities related to the fulfillment of the Wishes, including use of exercise equipment located on the premises, involves the risk of serious injury, including permanent disability and death. I represent for myself my minor children that we are in good health to undertake any activity related to the fulfillment of the wishes, and that we have clearance from a medical professional to conduct such activity, including but not limited to exercise.
- 3. For myself, my minor children and each of our heirs, legal representatives, personal representative, or assigns, from the date of this Agreement, and forever hereafter, to the extent allowable under law, I release and hold harmless and blameless the Released Parties for any injury or death to myself, including death occasioned by our traveling to or from the facilities or presence at or around the Facilities, our participation in any activities related to fulfillment of the Wishes whether or not on or in any of the Facilities and whether or not such injury is resulting by or through the negligence (simple or gross) of any of the Released Parties, or the action or inaction of Released Parties.



Participant Forms II

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- 4. Should I or our heirs, personal representatives or assigns, institute any action against any of the Released Parties arising out of any injury to myself or my minor children or our property, as a result of my participation in any of the activities related to fulfillment of the Wishes, or as a result of our traveling to or from or presence on or around the Facilities, then and in that event, I for myself and my minor children and each of our heirs, legal representatives and assigns, hereby agree to pay all costs of such action, including without limit attorneys' fees, cost or expenses incurred by the Released Parties.
- 5. For myself, my minor children and each of our heirs, personal representatives, spouses, descendants, or assigns, I hereby agree not to sue or bring any claim, demand, causes of action (judicial or quasi-judicial), suits in equity of whatever kind or nature, directly or indirectly, against any of the Released Parties relating to or arising out of the fulfillment of the Wishes by GKTW.
- 6. On behalf of myself and my minor children, I acknowledge and agree that I have read and I understand the provisions of this General Release and Waiver of Liability Agreement and that I have read all materials provided or made available to me regarding the Wishes and the Facilities. I represent and warrant that I have and possess the necessary legal parental rights to provide the release and waivers on behalf of my minor children identified above relating to their participation in the Wishes. I have had the opportunity to inquire into the dangers associated with the any activities related to fulfillment of the Wishes. I have had the opportunity to consult with my legal counsel. I understand that but for executing this General Release and Waiver of Liability Agreement, the Released Parties would not permit me, my children or any guests to participate in any activities related to fulfillment of the Wishes. I further expressly agree that the terms and provisions of this General Release and Waiver of Liability Agreement are intended to be as broad and inclusive as is permitted by Florida law.
- 7. On behalf of myself and my minor children, I hereby agree to defend, indemnify and hold GKTW and the Released Parties harmless from and against any and all losses or damages arising from or related to any actions or failure to act taken by me or my minor children while engaging in any activities related to the Wishes or otherwise on, in, or traveling to the Facilities.
- 8. On behalf of myself, and my minor children, I agree that this General Release and Waiver of Liability Agreement shall be governed by and construed in accordance with the laws of the State of Florida. In the event any action, suit or proceeding is instituted as a result of any matter or thing affecting this General Release and Waiver of Liability Agreement, the parties hereto hereby designate the state and federal courts sitting in Osceola County, Florida, as the proper jurisdiction and the venue in which same is to be instituted.

WITNESS					
IN WITNESS HEREOF, the undersigned parties have Agreement on,		red this General	Release and Waive	r of Liability	
Print Name	Signature	Signature			
Parent/Guardian:					
Print Name	Signature				
Address:					
City:		State:	Zip:		
Phone:	Email:				
Parent/Guardian:					
Print Name	Signature				
Address:					
City:		State:	Zip:		
Phone:	Email:				