Personal Information	
First name MI Las	et Name
, , , , , , , , , , , , , ,	
Home Address	
Province Country	
Phone Sex DOB	
Release and Indemnity (Adult or Minor)	
READ CAREFULLY BEFORE SIGNING	
For this event, and in any event that my child or I participa	ite in, the Released Parties are National Pop Warner Little
Scholars, Mid Florida Pop Warner, Clermont Youth Footba	II & Cheerleading Inc.[dba Clermont Knights], Knight Time
Sports Inc. together with their parent and the parent, subs	sidiary, affiliated and related entities of each of them, and
the officers, directors, employees, and volunteers of any o	f them,
I grant the released parties the right to photograph and/o	or videotape me or my child and further to use my or my
child's name, face, likeness, voice and appearance in	connection with exhibitions, publicity, advertising and
promotional materials without reservation or limitation. I	The released parties are, however, under no obligation to
exercise said rights herein granted.	
This Agreement shall be governed by the laws of th	e State of Florida, and any legal action relating to or arising
out of this Agreement shall be commenced exclusively in t	he Circuit Court of the Ninth Judicial Circuit in and for Lake
County, Florida (or if such Circuit Court shall not have jurise	diction over the subject matter thereof, then to such other
court sitting in said county and having subject matter jurisd	iction). I certify I am 18 years of age or older.
Date:	
	Parent/Guardian Signature
	. a.o Osardian Oignataio
Child Name (print)	Parent/Guardian Name (Print)