DISNEY RELEASE / WAIVER FORM

Every athlete/participant must fill in waiver form completely, sign, and return to Twirl Mania *BY 12/31/09 DEADLINE*

Event: **Twirl Mania 2010**

Event Dates: **On or about February 19, 2010 through February 22, 2010**

Participant Information:

First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: _____ Gender (M/F): _____ Emergency Phone Number: _____

As used below, "Event Organizer" shall mean Twirl Mania and its officers, directors, employees, agents and assigns, and "Disney" shall mean Disney Youth Group Programs, Disney Destinations, LLC and The Walt Disney Company and their respective subsidiary or other affiliated or related companies and the officers, directors, employees, agents and assigns of each of the foregoing.

In consideration of my, or my child or ward's, participation in the above-referenced Event hosted by Event Organizer (the "Event"), I agree to assume full responsibility for the payment of all debts incurred by me, or my child or ward, during my, or my child or ward's, visit to the *Walt Disney World*® Resort and to reimburse Disney for any damages suffered by Disney due to acts of mine, or my child or ward, during that visit.

I hereby waive, on my own and my child or ward's behalf, and on behalf of my and my child or ward's heirs, executors, administrators and next of kin, any claims or causes of action for death, personal injury, property damage or otherwise which I, or my child or ward, may now have or hereafter have against Disney or Event Organizer arising out of my, or my child or ward's, participation in the Event and/or any baton twirling and dancing and/or other related activities in which I, or my child or ward, participates, during or in connection with the Event, including, without limitation, all claims or causes of action for death, personal injury, property damage or otherwise resulting from risks inherent in those baton twirling and dancing or related activities (e.g., falls).

I, on my own behalf and on behalf of my child or ward, further agree to defend, indemnify and hold harmless Disney, Event Organizer, and the Event officials, corporate sponsors and production staff (such Event officials, corporate sponsors and production staff, hereinafter "Event Organizer's Event Agents") from and against any and all claims, judgments, losses, liabilities, costs and expenses (including, without limitation, attorneys' and other professionals' fees and costs up through and including any appeal) asserted against Disney, Event Organizer and/or Event Organizer's Event Agents by me, or my child or ward, or suffered by Disney, Event Organizer and/or Event Organizer's Event Agents arising out of the death, personal injury, property damage or otherwise suffered by me, or my child or ward, in connection with the Event and/or any baton twirling and dancing and/or other related activities in which I, or my child or ward, participates during or in connection with the Event. I acknowledge that Event Organizer is responsible for the safe conduct of the Event and Disney makes no representations or warranties, either express or implied, regarding the condition or suitability of the venue for the Event.

I hereby grant Disney, Event Organizer, their successors, assignees, licensees, sponsors and all other commercial exhibitors the exclusive right to photograph and/or videotape me, and my child or ward, and further utilize my, and my child or ward's, name, face, likeness, voice and appearance in programming, advertising and promotions and for training purposes without reservation or limitation. In granting this license, I understand that neither Disney nor Event Organizer is under any obligation to exercise any of their rights, licenses and privileges herein granted.

I authorize Disney and/or Event Organizer to procure, at my expense, any medical care reasonably required by me, or my child or ward, during my, or my child or ward's, visit at hospitals or facilities chosen by Disney and/or Event Organizer.

I certify I am 18 years of age or older and, if applicable, that my child or ward is under 18 years of age. acknowledge that neither Disney nor Event Organizer is responsible for supervising me, or my child or ward. This Release/Waiver shall be governed by the laws of the State of Florida.

_____	_____	_____
Date	**Adult Signature Required** (Participant, Parent or Guardian)	**Please Print Name** (Participant, Parent or Guardian)

TWIRL MANIA WAIVER

I also agree to abide by the rules set forth in the Twirl Mania 2010 brochure and website regarding the TM Championships, Parades, Showcases, Performances, Workshops and Awards Ceremony. I also pledge to promote good Sportsmanship throughout the Championships.

***ATHLETES NAME*_____*DATE*_____**

PRINT PLEASE

***ATHLETES SIGNATURE OVER 18 OR PARENT/ GUARDAN*_____**

Solo Athlete □ ***Team Athlete*** □ ***Both*** □ ***Team Name*_____**

Mail to: Twirl Mania ~ 1315 Artisan Avenue E ~ Celebration, FL 34747 **(Do Not fax)**