



Paradiso Liability Waiver

Participant Name: _____

Participant Birthdate: _____

Through this registration form, I realize that no medical insurance is provided for Paradiso Parade Floats activities and agree to assume the risk for any injury, death or loss of property related to my participation or the participation of any identified minors who are my dependents. I agree to make no claims and waive any and all claims against Paradiso Parade Floats, The Los Angeles Lakers, OneLegacy Foundation/Donate Life, Public Broadcasting Service, Singpoli Group and their officers, employees, agents and volunteers for any injury, damages, expenses or other incident arising from this activity, however caused other than claims for gross negligence, willful misconduct or violation of law. I and my dependents(s) are physically able to participate in this activity. I consent to any medical treatment I or my dependent need(s) while involved in this activity and I agree to pay for it. I hereby consent to allow myself and my dependent(s) to be recorded on video and in photography for all publicity purposes, and any other lawful purpose.

By accepting this waiver, I confirm that I am 12 years of age or older, that I have fully read this registration form, and that I agree to its provisions. I understand that accepting the terms of this registration form is a condition to participate in the activities. (Participants aged 12-17 must have waiver signed by a parent/guardian agreeing to these provisions on their behalf.)

Signature:

_____ Date: _____

Parent/Guardian Signature (Required if participant is aged 12-17):

_____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____