

*Briana Marie Cox Foundation*



B's Benefit Bash  
December 18-20, 2009

To Whom It May Concern:

This is to certify that I, \_\_\_\_\_, realize there are inherent risks to any athletic activity, and hereby waive, release, absolve, indemnify, and agree to hold harmless the Briana Marie Cox Foundation, Palm Beach County Board of County Commissioners, the Organizers, Supervisors, Participants, and Coaches, or other participants and Spectators.

Name of Minor Child (if applicable): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_