

CITY OF CORAL SPRINGS

MINOR CHILDREN

Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No: ( ) \_\_\_\_\_ Work No: ( ) \_\_\_\_\_

Cell No: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/ Legal Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No: \_\_\_\_\_

<u>ACTIVITY</u>	<u>LOCATION</u>	<u>DATE(S)</u>	<u>COST</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I \_\_\_\_\_ (Parent/guardian), hereby grant permission for my son/daughter/ward \_\_\_\_\_ (name) to participate in the above activities and any or all field trips during activity. I also authorize the City of Coral Springs to obtain, through a physician of its own choice, any emergency medical care that may become necessary for my child as a result of an accident or sudden illness.

Allergies, Medications, Special notes: \_\_\_\_\_

Parent/Guardian/Ward Signature \_\_\_\_\_

**Acknowledgement of No Refund/No Makeup Policy**

I understand the City of Coral Springs has a No Refund policy for fees and charges paid to this Department for activities sponsored by them. The only exceptions to this policy will be when an activity is canceled or the City alters its time. No other circumstances or situations will qualify for a refund.

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

(As parent/Legal Guardian of Child)

I asked the signator if he/she understood what is being signed.

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

OVER →

Release and Waiver

In consideration of the permission granted \_\_\_\_\_ (Child's Name) by the City of Coral Springs, by and through this Department, to participate in the activities indicated, including field trips that are offered, I \_\_\_\_\_ (Name of Legal Guardian) hereby agree to sign this Release and Waiver.

Accordingly, I agree to unconditionally release, waive, and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action, that \_\_\_\_\_ (Child's Name), or child's guardian, personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to hold harmless completely, the releasees from all claims, demands, and actions arising out of my actions or involvement with the City of Coral Springs.

I certify and warrant that \_\_\_\_\_ is in good physical condition and able to participate in the above activity or event. (Child's name)

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO SECTION 744.301 FLORIDA STATUTES

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE CITY OF CORAL SPRINGS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF CORAL SPRINGS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF CORAL SPRINGS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect. In Witness Whereof, I have executed this Release and Waiver.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

I asked the Signator if he/she understood what is being signed: \_\_\_\_\_ Witness

Revised 6/8/11