



City of
Lake Mary
Florida

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Summer Camp 2022 Youth Waiver

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CITY OF LAKE MARY

RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT
(ADULT ON BEHALF OF MINOR)

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN 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 LAKE MARY 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 LAKE MARY 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 LAKE MARY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, _____ for myself, my heirs and personal representatives, hereby assume all liabilities, risks, injuries and hazards to my child, _____, incidental to, or as a result of, participation in YOUTH SUMMER CAMP PROGRAM 2022, including transportation TO, FROM, AND DURING the said activity. I freely acknowledge the fact that this/these Program(s) and/or activity(ies) may have, and/or do involve, physical contact or other conditions or factual circumstances where physical or other injuries may occur, and that transportation to and from said event could involve the potential for an automobile, or other, accident.

As legal guardian and/or natural parent of the above referenced child/children, I do hereby warrant that my minor child is in good health and has no physical condition that would prevent him/her from safely participating in the Program(s) and/or activity(ies) identified above. If my minor child has any medical or physical limitation, I have made the Program's staff aware of such

limitations in writing in advance of my minor child's participation in the Program(s) and/or activity(ies), which may/may not include swimming or water activities.

As legal guardian and/or natural parent of the above referenced child/children, I do hereby waive, release and agree to indemnify and hold harmless the City of Lake Mary, their officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of the City of Lake Mary, their agents or employees and sponsors or activity supervisors, arising from my child/children's participation in the said activity.

I, as legal guardian and/or natural parent of the above referenced child/children, assume all risk of injury, liability, and loss arising from my child/children's participation or presence at said activity. I acknowledge that the City of Lake Mary will not assume any costs relating to any injury while my child/children are involved in this activity, or from transportation to or from this activity.

This Waiver, Release and Hold Harmless/Indemnification Agreement is in consideration of the City of Lake Mary permitting my child/children's participation in the activity or program at issue and in further consideration of the City of Lake Mary not requiring self-funded liability insurance coverage on my part as a condition precedent to my child/children's participation in the activity.

I, as legal guardian and/or natural parent of the aforesaid child/children, freely and voluntarily assume all risk of loss or injury arising from my child/children's participation in the activity whether due to my negligence, my child/children's negligence, or the negligence or intentional acts of others. I acknowledge that, absent this Release and indemnification, the City of Lake Mary, or other sponsors of the activity would not have offered me, or my child/children, the access to the activity because of unacceptable exposure to civil liability claims and/or lawsuits, or the expense of providing a program that is risk-free. By signing this waiver, I agree to indemnify any and all employees of the City of Lake Mary for any and all damages which result from any and all acts or omissions, including negligence, in whole or in part, on the part of any City employee.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I, or my child/children, might otherwise be entitled if my child/children are hurt or suffer loss during his/her/their participation in that activity.

**YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT.
YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS.**

YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

PARENT/GUARDIAN #1

SIGNED THIS _____ DAY OF _____, 20_____.

Parent/Guardian #1 SIGNATURE

Parent/Guardian #1 PRINTED NAME

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this (date) _____ by (name of person acknowledging) _____, who is personally known to me or who has produced (type of identification) _____ as identification.

Notary Public – Signature

Name typed, printed or stamped

My Commission Expires: _____

PARENT/GUARDIAN #2

SIGNED THIS _____ DAY OF _____, 20_____.

Parent/Guardian #2 SIGNATURE

Parent/Guardian #2 PRINTED NAME

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this (date) _____ by (name of person acknowledging) _____, who is personally known to me or who has produced (type of identification) _____ as identification.

Notary Public – Signature

Name typed, printed or stamped

My Commission Expires: _____

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