RT#_____

CITY OF SAFETY HARBOR
RELEASE & WAIVER

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 SAFETY HARBOR 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 ELIMNATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF SAFETY HARBOR 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 SAFETY HARBOR HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, WE (PARENT'S NAME) _____, give permission for MYSELF and/or FAMILY to participate in activities conducted by the City of Safety Harbor Leisure Services Department. I/We realize that the City of Safety Harbor carries no medical insurance covering participation in these activities.

I/We agree to release the City of Safety Harbor from any liability of any kind for any and all damages arising out of any loss or injury resulting from my/our child's participating in any activities of any kind in an any way connected to the City of Safety Harbor, or use of any facilities or equipment made available by the City of Safety Harbor. This release includes a release for any and all losses or injury arising out of any act or omission or negligence of the City of Safety Harbor, its agents, employees, or activity supervisors specifically concerning or arising out of Safety Harbor Leisure Services Department activities.

This release constitutes a release or waiver of all claims against the City of Safety Harbor, including those claims arising out of the negligence of the City of Safety Harbor, its agents, employees. This release and waiver is limited to activities conducted by or on behalf of the Safety Harbor Leisure Services Department. Please read carefully before signing. This release is signed of my/our free act and will.

_____ _____
Signature (Self, Parent or Guardian) Date

Photo Consent: I hereby give consent to the use of any photographs taken by the City of Safety Harbor, its employees, agents, assigns and/or elected officials of myself or my children during participation in this program, class, or event, for which the above Release and Waiver has been executed. I agree such photographs shall be the sole property of the city of Safety Harbor and neither myself or the individual(s) on whose behalf this consent is signed are entitled to compensation of any kind for the use of such photographs by the City, its employees, agents, assigns, or elected officials.

Entered by:

_____ _____
Signature (Self, Parent or Guardian) Date

Reviewed by:

PLEASE COMPLETE THE BACK OF THIS FORM

(Return to: The City of Safety Harbor, 750 Main Street, Safety Harbor, FL 34695)

WebTrac

Please Circle: PARENT, SELF or GUARDIAN

Name: _____

Address: _____

_____

Phone:_____ (Home)

_____ (Work)

_____ (Cell)

E-Mail: _____

Birth Date:_____

DL#_____

Emergency Contact & Phone:

_____

Please Circle: PARENT, SELF or GUARDIAN

Name: _____

Address: _____

_____

Phone:_____ (Home)

_____ (Work)

_____ (Cell)

E-Mail: _____

Birth Date:_____

DL#:_____

Emergency Contact & Phone:

_____

CHILDREN IN HOUSEHOLD UNDER AGE 18

Name: _____

Birth Date_____ ☐ Male ☐ Female

Name: _____

Birth Date_____ ☐ Male ☐ Female

Name: _____

Birth Date_____ ☐ Male ☐ Female

Name: _____

Birth Date_____ ☐ Male ☐ Female

Name: _____

Birth Date_____ ☐ Male ☐ Female

Name: _____

Birth Date_____ ☐ Male ☐ Female