



CITY OF BELLE GLADE

Recreations Department

1224 South West Avenue E Place Belle Glade, Florida 33430 Phone: (561)518-0101

Application Date: ____/____/____

Recreation Program/Activity: _____

Name: _____ Sex: () Male () Female

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Ph. Number: _____ Relationship _____

Name: _____ Ph. Number: _____ Relationship _____

Please list any Allergies or Medical Conditions for Registered Participant:

Participant or Parent/Legal Guardian Signature & Date

Participant/ Parent/Legal Guardian - Print Name

CITY OF BELLE GLADE OFFICE USE ONLY:

Received by: _____
City of Belle Glade Representative Signature:

Date Received _____

CITY OF BELLE GLADE PARKS & RECREATION DEPARTMENT

GENERAL RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

This is a Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement for _____ (Participant Name), if under the age of eighteen (18) and _____ (print name of parent or legal guardian) is the parent or legal guardian for the above minor, and agrees to this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement.

IN CONSIDERATION of the above child's voluntary participation in the City of Belle Glade Recreation Program/Activities which will take place on City premises, and any on- or off-site activity related to such event, I, the undersigned on my own behalf, on behalf of my child or ward, and on behalf of my own or my child's or ward's personal representatives, assigns, heirs and next of kin:

1. **HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the City of Belle Glade, and its elected officials, officers, directors, employees, agents, representatives, successors and assigns, herein known as the "released parties", of and from all liabilities, any and all claims, demands, actions, damages, causes of action, suits in equity of whatever kind or nature, costs or expenses of any nature, arising out of or in any way connected with the City of Belle Glade Recreation Program/Activities. I understand that this release includes any and all claims based on the NEGLIGENCE, actions or inactions of any of the released parties and covers any and all bodily injury, including death, and property damaged, whether suffered by me, my child or ward, before during, or after such event. I freely and voluntarily assume all risk of loss or injury arising from my child's participation in the event whether due to my negligence, or the negligence of others including, without limitation, the released parties. I acknowledge that, absent this Agreement, the released parties would not have offered me or my child access to the event because of unacceptable exposure to liability claims or the expense of providing a program that is risk-free; and,
2. **HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the released parties and each of them from my loss, liability, damage or cost they may incur due to the participation of my child or ward, whether caused by the NEGLIGENCE of the released parties, the negligence of myself or the child, or otherwise; and,
3. **HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the NEGLIGENCE of the released parties or otherwise before, during or after my participation or the participation of my child or ward; and, I further authorize medical treatment for myself or said child or ward, at my cost, if the need arises; and,

THE UNDERSIGNED expressly acknowledges and agrees that participating I the City of Belle Glade RECREATION PROGRAMS/ACTIVITIES is dangerous and involves the risk of bodily injury and/or death and/or property damage. THE UNDERSIGNED further expressly acknowledges and agrees that the foregoing release and waiver of liability, assumption of risk and indemnity agreement is intended to be as broad and inclusive as is permitted by the law 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 legal force and effect. THE UNDERSIGNED further acknowledges and agrees that the laws of the State of Florida shall govern this agreement.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASED AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Participant or Parent/Legal Guardian Signature & Date

Participant or Parent/Legal Guardian - Print Name

CITY OF BELLE GLADE OFFICE USE ONLY:

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City of Belle Glade Representative Signature:

Date Received _____