



Activity: Kamp Kool 2019

Camp Location _____

Name of Participant: _____

Address of Participant: _____

City: _____ State: _____

Home Phone No: () _____ Work No: () _____

Cell No: () _____ DOB: _____ **Grade as of 9/2019** _____

Parent/ Legal Guardian: _____

Relationship to Child: _____ Email: _____

Emergency Contact: _____

Phone No: () _____ Cell No: () _____

Insurance Company _____ Policy No: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I _____ (Parent/guardian), hereby grant permission for my son/daughter/ward _____ (name) to participate in Kamp Kool, and any or all field trips during Kamp Kool during the summer of 20___. 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 Policy

I understand the City of Coral Springs has a No Refund policy for fees and charges paid to the Parks & Recreation 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 ➔

In consideration of the permission granted _____ (Child's Name) by the City of Coral Springs, by and through its Parks and Recreation Department, to participate in the City of Coral Springs' Summer Recreation Program, 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), adjoin my 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 indemnify completely, the releasees against all claims, demands, and actions arising out of my actions or involvement with the City of Coral Springs.

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

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 ON _____ (MONTH/DAY/YEAR)

BY: _____ BY: _____
PARENT OR LEGAL GUARDIAN PRINTED NAME

I ASKED THE SIGNATOR IF HE/SHE UNDERSTOOD WHAT IS BEING SIGNED. WITNESS _____