



## TEEN VOLUNTEER APPLICATION Summer Breakspot Program

Application Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Person (Parent/Family Member)  
and Phone Number: \_\_\_\_\_

School/Employer: \_\_\_\_\_ Grade: \_\_\_\_\_

Prior Volunteer? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Other Languages Spoken(other than English): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_



**VOLUNTEER RELEASE AND WAIVER FOR MINOR**

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.

(BALANCE OF PAGE INTENTIONALLY LEFT BLANK)



In consideration of the City of Coral Springs granting my child permission to participate in \_\_\_\_\_ I, \_\_\_\_\_ (parent/guardian) give permission for my minor child, \_\_\_\_\_, to participate in the above activity and/or program and hereby agree to sign this Release and Waiver.

Accordingly, I, both individually and in the representative capacity of my child, 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 I, 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 release against all claims, demands, and actions arising out of either my own and/or my minor child's actions or involvement with the City of Coral Springs.

I certify and warrant that my minor child is in good health and physical condition and is able to participate in the above activity and/or program.

Additionally, I agree that my minor child will adhere to all applicable rules and regulations of the City of Coral Springs.

I have carefully read the foregoing release and waiver, including the statutory notice on the first page, and know the contents thereof. I understand the contents of this Release and Waiver and I am signing this Release and Waiver as my own free act.

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 \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_  
(Signature of Parent/Guardian)

By: \_\_\_\_\_  
(Printed Name of Parent/Guardian)

WITNESS: \_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Printed Name of Witness)