



TEEN VOLUNTEER APPLICATION

Application Date: _____ Year Of Graduation: _____

Name: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip Code: _____

Emergency Contact Person (Parent/Family Member)

and Phone Number: _____

School/Employer: _____ Grade: _____

Special Skills: _____

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)

WITNESS: _____
(Printed Name of Witness)