



ST. JOHNS COUNTY FIRE RESCUE

3657 GAINES ROAD
SAINT AUGUSTINE, FLORIDA
32084-6565

PHONE: (904) 209-1700
FAX: (904) 209-1737

Lifeguard Academy Training

Participant Information

Name Date of Birth

Address Phone Number

City State Zip

Waiver and Release of Liability - Read Before Signing

In consideration of being allowed to participate in the Saint Johns County Fire Rescue lifeguard academy training program in any way, I the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist even when these activities are conducted in accordance with all such rules. These activities are inherently dangerous, and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the immediate attention of the nearest officer immediately; and

4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS, their officers, officials, agents and/or employees, other participants, sponsoring age sponsors, advertisers, and if applicable, owners and lessors of premises (collectively known as the "Covered Parties") used to conduct the event or activity, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE UNDERSIGNED PARTICIPANT, THE COVERED PARTIES, OR OTHERWISE FOR ANY EVENT OR ACTIVITY, INCLUDING WITHOUT LIMITATION, LIFEGUARD TRAINING, MALFUNCTION, MISUSE, OR IMPROPER USE OF LIFEGUARD TRAINING EQUIPMENT, OR THE ACTIONS OF THIRD PARTIES, OR NON-COVERED PARTIES, OR ANY WEATHER OR WEATHER-RELATED EVENT, SUCH AS A WATERSPOUT, LIGHTNING, OR OTHER EVENT, SUCH AS A TSUNAMI, RIP CURRENT, SHARK ATTACK, OR JELLYFISH ATTACK.

5. I have read this release of liability and assumption of risk agreement, I fully understand its terms and I also understand that I have given up substantial rights by signing it. I sign freely and voluntarily.

6. I also understand that under Florida Law, this Waiver and Release of Liability will be considered a Public Record.

7. I expressly understand that participation in St. John County's Lifeguard Training Program does not create any expectancy, in any way or manner, of future employment in any capacity with St. Johns County, Florida. As such, I cannot demand employment with St. Johns County based on participation in St. Johns County's Lifeguard Training Program.

8. I also understand that simply because I participate in the St. Johns County Lifeguard Training Program, I shall not be considered, for the duration of the Program, an employee of St. Johns County, Florida. As such, I am not entitled to any pay/compensation, benefits, insurance (of any kind, of any amount), annual/vacation/sick leave, or any other privileges (of any kind, of any amount) from St. Johns County, Florida.

9. I also understand that simply because I participate in the St. Johns County Lifeguard Training Program, I shall not be considered an agent, contractor, or authorized representative of the County, and I may not represent myself as such to any other person or entity. I further understand, that should I do so, the County may take whatever administrative, judicial, or equitable action necessary, in order to protect the County's legal interests. In that light, I shall be liable for any, and all, expenses expended by the County, in such an endeavor.

Participant Signature

Date Signed

Print Name

Emergency Contacts

Name

Phone Number

Name

Phone Number

All Participants must fill out the form in its entirety, sign and date, and obtain the notary signature required on page 3

Notary Information:

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20____.

by _____ who is personally known to me _____

or has produced _____ as identification.

Notary Public Signature

My commission expires:

Stamp/Seal:

Return to:
St. Johns County Fire Rescue
3657 Gaines Road
St. Augustine, Florida 32084 -6565