



St. Johns County Board of County Commissioners

Parks & Recreation Department

2017 FISING & BOATING CAMP REGISTRATION, WAIVER, AND RELEASE FORM FOR MINOR CHILD

Last/First Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Cell Ph: _____ Alternate: _____

Gender: ___ M ___ F D.O.B.: _____ Email Address: _____

Please list all health concerns, allergies, limitations, or restrictions for your child: _____

*Parent/ Guardian Information:

Parent/Guardian Name

Parent/Guardian Name

Parent/Guardian Place of Employment

Parent/Guardian Place of Employment

Work Phone Number

Work Phone Number

Cell Phone Number

Cell Phone Number

*Authorized Pick up List

If a parent/guardian is not able to pick up the above listed child the following people may. I understand that they must present proper identification if requested.

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

THIS IS A MULTIPAGE FORM - READ CAREFULLY BEFORE SIGNING

In consideration of the above named Participant, who is a minor child, being permitted to participate in kayaking or boating programs (Activity) conducted by St. Johns County (County), wherever the Activity may occur, I, the undersigned Parent/Guard does hereby attest that, after reading this Form completely and carefully, **including the notice above my signature, as required by section 744.301 of the Florida Statutes**, acknowledge that participation in the Activity by the Participant is entirely voluntary, and that I understand and agree as follows:



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TERMS AND CONDITIONS OF PARTICIPATION THIS IS A MULTIPAGE FORM - READ CAREFULLY BEFORE SIGNING

RELEASE OF LIABILITY: I agree, on behalf of my child or ward, to waive and release all liabilities, claims, actions, damages, costs or expenses of any nature ("**Claims**") associated with all risks that are inherent to his or her participation in the Activity and other activities conducted in conjunction therewith. Risks include, but are not limited to transportation risks, risks of participation in various components or the Activity and all risks related to any physical or other condition from which the Participant may sustain, whether such risks are open and obvious or otherwise. Further, I on behalf of the Participant, my family, heirs, beneficiaries and personal representatives, hereby release, covenant not to sue, and forever discharge the Released Parties (as described below) of and from all Claims arising in any manner out of or in any way connected with the Participant's participation in the Activity.

INDEMNITY/INSURANCE: I agree to indemnify, defend and hold the County, its officers, employees, agents, representatives, successors, assigns, and volunteers (collectively, the "**Released Parties**") harmless from and against any and all Claims arising out of or in any way connected with the Participant's participation in the Activity, wherever the Activity may occur, including, but not limited to, all reasonable attorneys' fees and disbursements through and including any appeal. I understand and agree that this indemnity includes any Claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or the Participant either before, during or after participation in the Activity. I agree that I am not relying on the Released Parties to have arranged for, or carry, any insurance of any kind for my benefit or that of the Participant relative to his or her participation in the Activity, and that I, at my own cost and expense, am solely responsible for obtaining any mandatory or desired life, travel, accident, property, or other insurance related to the Participant's participation in the Activity.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that the Participant is physically fit for participation in the Activity and has the skill level required in connection with the Activity. I agree that before the Participant participates in any activity conducted in conjunction with the Activity, I or the Participant will inspect the related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during the Participant's attendance in connection with the Activity, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on the Participant's. Additionally, I authorize medical treatment for my child or ward, at my cost, if the need arises; however, I acknowledge that the Released Parties will have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

EQUIPMENT AND FACILITIES INSPECTION: I, or the Participant if I am not in attendance at the Activity, will immediately advise the County of any unsafe condition that I, or the Participant if I am not in attendance at the Activity, observe. The Participant will refuse to participate, and I will refuse to permit the Participant to participate, in the Activity until all unsafe conditions observed by me, or the Participant, have been remedied.

GOVERNING LAW: I acknowledge and agree that this Form shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Form will be commenced in St. Johns County, Florida, **AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.**

SEVERABILITY: I acknowledge and agree that should any term, condition or provision (or any part thereof) contained in this Form be found unenforceable by a court of competent jurisdiction, then all remaining terms, conditions and provisions shall remain in full force and effect.



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NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN(S)

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 EACH OF THE RELEASED PARTIES (THAT IS, THE COUNTY, ITS OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS), USE 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 THAT CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES (THAT IS, THE COUNTY, ITS OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS) 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 RELEASED PARTIES (THAT IS, THE COUNTY, ITS OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS) HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By signing below, I certify that: (1) I have fully and completely read and understand this Form; (2) I am 18 years of age or older; (3) I am the legal guardian of the minor child identified above; (4) the information set forth above pertaining to my child or ward is true and complete; (5) I consent and agree to the all of the foregoing on behalf of myself and my minor child or ward identified above; (6) I am authorized to execute this Form.

Signature of Parent or Court Appoint Guardian

Print Name of Parent of County Appointed Guardian

Date: _____