Exhibit A
CITY OF MIRAMAR
RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT (MINOR)

INSTRUCTIONS: Complete one for each minor participant.

DESCRIPTION OF ACTIVITY Gameroom & Playground @ Vizcaya Park

DATE OF ACTIVITY: 6/12/2017 - 8/11/2017

MINOR'S NAME: _____ TELEPHONE #_____

ADDRESS_____ CITY_____ ZIP_____

BIRTH DATE_____ SCHOOL_____

PARENT/LEGAL GUARDIAN'S NAME_____

HOME TELEPHONE #_____ WORK TELEPHONE #_____

EMERGENCY CONTACT_____ HOME#_____ WORK #_____

PHYSICIAN'S NAME_____ PHONE NO._____

I, the undersigned parent or legal guardian of the minor, whose name appears above, consent and agree that the above named minor may participate in the above-described activity. The undersigned further agrees that the City of Miramar and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of such participation, and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of participation in the above-described activity.

Further, the undersigned **WAIVES ANY CLAIM** against the City of Miramar and its officers, agents and employees arising from loss, injury or damage and does **COVENANT NOT TO SUE** the City of Miramar and its officers, agents and employees.

Further, the undersigned agrees to **RELEASE, INDEMNIFY, AND HOLD HARMLESS** the City of Miramar, and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above-described activity.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the City of Miramar relating to such loss, injury or damage.

I hereby give permission for the City of Miramar, and its officers, agents and employees to call my physician and/or to arrange for transportation to a hospital in the event of any injury to the minor, although I understand that the City of Miramar and its officers, agents and employees assume no responsibility to do so. I accept full financial responsibility for payment of any and all medical services rendered.

I hereby agree that this Release Form shall be binding on my heirs, successors and assigns.

The undersigned has fully read, understood and agrees to each and every term contained in this Release, Waiver and Indemnification Agreement.

_____ DATE

_____ SIGNATURE OF PARENT/GUARDIAN

_____ CITY , STATE, ZIP CODE

(_____)_____ TELEPHONE NUMBER

_____ WITNESS

_____ PRINT NAME

_____ ADDRESS

_____ WITNESS

_____ PRINT NAME

_____ ADDRESS