



WAIVER & RELEASE OF ALL CLAIMS: Please read this form carefully and be aware in registering your child or ward for participation in this program that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the program.

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which my minor child/ward or I may sustain as a result of participation in any and all activities connected with such program.

I agree to waive and relinquish all claims my minor/ward or I may have as a result of participating in the program against the City of Plantation and its officers, agents, servants and employees.

I hereby release and discharge the City of Plantation and its officers, agents, servants and employees from any and all claims resulting from injuries (including death), damages and losses sustained by my minor child or me arising out of, connected with, or in any way associated with negligent acts or omissions of me or my minor child.

In the event of an emergency, I authorize the City of Plantation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care, and agree that I will be responsible for payment of any and all medical services rendered, including transportation charges.

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As a parent/guardian of a participant in the program

_____ I hereby **give consent**
_____ I **do not give consent**

For my child to be photographed, videotaped or interviewed for possible use in newspapers, magazines, television, radio broadcasts, City websites & City publications.

I have read and fully understand the above Program Details, Refund Policy, Video/Photo Consent Waiver & Release, Notice, and Waiver & Release of All Claims.

Child(ren) Name(s): _____

Parent/Guardian Signature: _____ **Date:** _____