

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.

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In consideration of the City of Coral Springs granting my child permission to participate in the David Best Temple 2019 Project, including all volunteer activities associated with the Project and/or participation in the Art Therapy Programs at the Coral Springs Museum of Art and/or Family Day, I, _____ (parent/guardian) give permission for my minor child, _____, to participate in the 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 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 fully understand the risks that my child may encounter with his/her involvement and activity with the Program. 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)

(Printed Name of Witness)

Emergency Contact Phone Number
