CITY OF NORTH PORT VOLUNTEER RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT

		VOL	JNTEER RELEA	SE, WAI	VER AND	INDEN	INIFIC	ATIC	N A	GREE	MEN	IT			
					(MINO	R)									
l,				1	or myself	, my c	child/w	/ard,	my	heirs	s and	l perso	onal i	represent	atives,
hereby	assume	all	liabilities,	risks	, injur	ries	and		haz	ards	İ	to	my	child,	/ward,
					("child"),	incid	lental	to,	or	as	a re	esult	of, p	participati	on in
						`	•	• •		_		•		o and fro	
said activ	ity. I acknow	/ledge t	he fact that th	is progr	am may h	ave, a	nd/or	invo	lve,	disti	nct o	r inhe	rent ı	risks of pl	nysical
			n, and physica												
other inju	uries may od	cur, du	e to the natu	re of th	e activity	. As l	legal g	uard	lian	and/	or na	atural	parer	nt of the	above
reference	ed child, I do	hereby	waive, release	e and ag	ree to inc	demnif	y and	hold	l har	mles	s the	CITY	OF N	ORTH PO	RT, its
officers, a	agents, emplo	oyees, th	ne organizers,	sponsor	s, activity	super	visors,	co-s	pons	sorin	g org	anizat	ions a	and partic	ipants
for any cl	aim, demand	d, liabilit	y, costs, suits,	charges	or comp	ensatio	on for	loss	or ir	njury	of a	ny kind	d, inc	luding los	ses or
injuries a	rising from t	he negl	igence of the	CITY O	F NORTH	PORT,	its ag	gents	or	empl	oyee	s and	spon	isors or a	ctivity
superviso	rs, arising fro	om my c	child's participa	ation in	the said a	ctivity	. I, as	lega	ıl gu	ardia	n an	d/or n	natura	al parent	of the
above ref	ferenced chil	d, assun	ne all risk of ir	njury, lia	bility, and	l loss a	arising	fron	n my	, chil	d's p	articip	ation	າ or prese	nce at
said activ	ity. I acknow	wledge t	that the CITY (OF NOR	TH PORT v	vill no	t assui	me a	ny c	osts	relat	ing to	any i	injury wh	ile my
child is ir	nvolved in th	is activi	ity, except for	those	benefits a	fforde	d volu	ıntee	ers in	n acc	orda	nce w	ith F	lorida Wo	orkers'
Compens	ation Law.														
I understa	and and agre	e that m	ny child's volun	itarv par	ticipation	in City	of No	rth F	ort	activi	ities (does n	ot en	title mv c	hild to
	•		nployee benef		•	•								•	
			e/she will not					•				_		•	
•			and agree tha	•							_				•
•	ing in volunt		_		,							,		,	
	· ·														
This Waiv	er, Release a	nd Hold	Harmless/Ind	lemnific	ation Agre	emen	t is in o	consi	idera	ation	of th	ne CIT\	/ OF I	NORTH PO	ORT or
activity s	onsor perm	itting m	y child's partio	cipation	in the act	tivity a	nd in	furth	ner c	onsi	derat	ion of	the	CITY OF N	NORTH
	-	_	, ded liability ir	-		-									
	-		l as legal gua											-	

This Waiver, Release and Hold Harmless/Indemnification Agreement is in consideration of the CITY OF NORTH PORT or activity sponsor permitting my child's participation in the activity and in further consideration of the CITY OF NORTH PORT not requiring self-funded liability insurance coverage on my part as a condition precedent to my child's participation in the activity. I, as legal guardian and/or natural parent of the aforesaid child, freely and voluntarily assume all risk of loss or injury arising from my child's participation in the activity whether due to my negligence, my child's negligence, or the negligence or intentional acts of others. I acknowledge that, absent this Release and Indemnification, the CITY OF NORTH PORT or other sponsors of the activity would not have offered me, or my child, the access to the activity because of unacceptable exposure to civil liability claims, or the expense of providing a program that is risk-free. I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I, or my child, might otherwise be entitled if my child are hurt or suffer loss during his/her participation in that activity. I understand that this release and indemnity agreement is continuing in nature and shall apply to all incidents that may occur during my child's participation in this activity for a period of one year from the date of my signature.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

Child's Name:	City Official:
Child's Date of Birth:	Signature:
Parent/Guardian Name:	Date:
Signature of Parent/Guardian:	
Address:	Email:
Phone:	Date:

The City reserves the right to terminate a volunteer's participation in this program at any time, without cause or prior notification.