



ADULT

Name of Participant: _____

Address of Participant: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: () _____ Work No: () _____

Cell No: () _____ Email address: _____

Emergency Contact: _____ DOB: _____

Phone No: () _____ Cell No: () _____

Insurance Company _____ Policy No: _____

<u>ACTIVITY</u>	<u>LOCATION</u>	<u>DATE (S)</u>	<u>COST</u>
_____	_____	_____	_____
_____	_____	_____	_____

Allergies, Medications, Special notes: _____

Acknowledgement of No Refund/No Makeup Policy

I understand the City of Coral Springs has a No Refund policy for fees and charges paid to this Department for activities sponsored by them. The only exceptions to this policy will be when an activity is cancelled or the City alters its time. No other circumstances or situations will qualify for a refund.

By: _____ **Date:** _____

(Name of Participant)

I asked the signator if he/she understood what is being signed.

Witness: _____ **Date:** _____



RELEASE AND WAIVER

In consideration of the permission granted _____ (**Participant Name**) by the City of Coral Springs, by and through this Department, to participate in the activities indicated, including field trips that are offered, I _____ (**Participant Name**) hereby agree to sign this Release and Waiver.

Accordingly, I 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 _____ (**Participant Name**), or 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 indemnify completely, the releasees from all claims, demands, and actions arising out of my actions or involvement with the City of Coral Springs.

I certify and warrant that _____ (**Participant Name**) is in good physical condition and able to participate in the above activity or event.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED 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:

Name of Participant _____ Date

I asked the Signator if he/she understood what is being Signed: _____
Witness: