

City of Temple Terrace Leisure Services Department Parks and Recreation Division
RECREATION PROGRAM: PARTICIPANT Permission, Waiver and Release

[Complete reverse side for each new PROGRAM or ACTIVITY Registration.]

Participant's Name: _____
Date of Birth: _____ Age: _____ Gender: Male or Female
(If After-School Program) School Attending: _____
Grade: _____ Van Transportation: _____ YES _____ NO
Allergies: _____
Dietary Restrictions: _____

Check if primary residence for minor

Mother/Guardian's Name: _____ Email: _____
Phone: Home # _____ Cell # _____ Work # _____ Ext. _____
Address: _____ City: _____ Zip: _____

Check if primary residence for minor

Father/Guardian's Name: _____ Email: _____
Phone: Home # _____ Cell # _____ Work # _____ Ext. _____
Address: _____ City: _____ Zip: _____

Emergency Contacts: (For minor child PARTICIPANT, check box of contacts authorized to pick up child.)

<input type="checkbox"/> Name: _____	Phone number(s): _____
<input type="checkbox"/> Name: _____	Phone number(s): _____
<input type="checkbox"/> Name: _____	Phone number(s): _____

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN.
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 TEMPLE TERRACE 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 TEMPLE TERRACE 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 TEMPLE TERRACE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Examples of persons who do not qualify as a natural guardian and cannot sign this form include:

1. A divorced parent who was not awarded sole or joint custody of the child in the divorce proceeding;
2. A parent who has lost legal custody of the child for any reason;
3. A remarried biological parent's spouse who has not adopted the child;
4. Any legal guardian of the child who is not a biological or adoptive parent.

FIT TO PARTICIPATE: I certify that PARTICIPANT is in good health and of sound body that warrants full participation in the Program(s) listed on the reverse, and as outlined by the City of Temple Terrace Leisure Services Department Parks and Recreation Division. I certify that PARTICIPANT has had no known recent exposure to a contagious disease, and has no serious illness or injury which would restrict their participation in the Program. (PARTICIPANTS are encouraged to notify Program Supervisor in writing, of their known medical conditions or current medications, in the event that professional emergency care is required.)

PERMISSION TO PARTICIPATE: I accept full responsibility for PARTICIPANT to engage in the elected Program(s) as offered by the Parks and Recreation Division. I understand the nature of the Program, its activities, the dates and hours the Program operates, and fees. I understand that the structure of the Program does not allow minor child PARTICIPANTS to enter or leave the Program site unless accompanied by their parent, guardian or other authorized person listed above, unless a signed note from parent or legal guardian authorizing other permission is presented to staff and is verified. For Programs that offer optional swimming/pool activities, I understand that children permitted to swim will be swim tested in advance. I give permission for minor child PARTICIPANT to swim: Yes or No.

PHOTOGRAPH, VIDEOTAPE, MOVIE, AND FIELD TRIP RELEASE: I agree that the Parks and Recreation Division may take photographs or video of PARTICIPANT during Program activities, and that the Parks and Recreation Division may release PARTICIPANT'S name along with their picture for publication in newspapers, program brochures or fliers. I also agree that the Parks and Recreation Division may use video tape of PARTICIPANT for public relations presentations. Furthermore, I hereby give permission for minor child to participate in the following: watching movies (rated PG or lower), scheduled activities and field trips.

By my signature, I, as an adult PARTICIPANT, or I, as the parent or guardian of a minor child who is the PARTICIPANT, do fully understand, agree, certify, and consent to the stipulations above.

_____ Date: _____
Signature of Adult PARTICIPANT or Parent/Guardian of Minor Child PARTICIPANT

Printed Name: _____ Relationship to Child: _____

Membership Type: _____ Exp. Date: _____

Updated: _____ (initial) Date: _____

Updated: _____ (initial) Date: _____

RECREATION PROGRAM / ACTIVITY REGISTRATION

All information must be completed on the reverse. Signature is required for Permission, Waiver and Release.

PARTICIPANT'S NAME: _____ If Minor Child, Age: _____	
* PROGRAM/** Activity: _____	Session: _____
DATE(S): _____	Notes: _____
_____ Signature of Adult Participant or Parent/Guardian of Minor Child Participant	_____ Date
* PROGRAM/** Activity: _____	Session: _____
DATE(S): _____	Notes: _____
_____ Signature of Adult Participant or Parent/Guardian of Minor Child Participant	_____ Date
* PROGRAM/** Activity: _____	Session: _____
DATE(S): _____	Notes: _____
_____ Signature of Adult Participant or Parent/Guardian of Minor Child Participant	_____ Date

***PROGRAMS:**

Aquatics; Athletics; Fitness; Gymnastics; Seniors; Tennis; Youth Programs; Facility Open Use; etc. ****Activities:** Classes; Camp; Team; Swim Team (ACTT), Lifeguard Classes; Sleep Over; Parent Night Out, Youth: After-School, Winter Break, Spring Break, Summer Camp; Other Activity. Review PARTICIPANT and contact information on the reverse and update as needed.