

ATTACHMENT A

CITY OF PEMBROKE PINES
PARKS AND RECREATION DEPARTMENT

WAIVER AND RELEASE OF LIABILITY

NOTICE: This form contains a Release and Waiver of Liability and when signed is a contract with legal consequences. PLEASE READ IT CAREFULLY BEFORE SIGNING.

TO THE CITY OF PEMBROKE PINES: in consideration of the opportunity afforded to me or my minor child/ward to participate in the activity described herein at _____,
(Name of Facility)

I, the undersigned, on behalf of myself or my child/ward named herein, do freely agree to make the following contractual representations and agreements.

I, on behalf of myself or my child/ward named herein, acknowledge and understand that participation in the activity involves the risk of serious injury, including permanent disability and/or death and severe social and economic losses.

I, on behalf of myself or my child/ward named herein, do hereby knowingly, freely, and voluntarily assume all liability for any damage or injury which may occur as a result of my or my child/ward's participation in such activity and further agree to release, waive, discharge, and covenant not to sue the City of Pembroke Pines, its officers, agents, employees, and volunteers from any and all liability or claims which may be sustained by me, my minor child/ward, or a third party directly or indirectly in conjunction with, or arising out of participation in the activity described herein, whether caused in whole or in part by the negligence of the City of Pembroke Pines or otherwise.

I, on behalf of myself or my child/ward, have read the above provision, fully understand its terms, and understand that I, on behalf of myself or my child/ward, have given up substantial rights by signing this waiver and I acknowledge that I signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and I agree that, if any portion of this contract is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Name of Participant: _____ Date: _____

Signature (Legal Guardian if Participant is a Minor): _____

Complete Address: _____

Day Phone: _____ Class Title: _____

Instructor's Name: _____

