

IMPORTANT: READ RELEASE BEFORE REGISTERING

MEDICAL RELEASE

In consideration of my child (hereinafter "child") being permitted to participate in "***The Rec After School***" program sponsored by the City of Gulf Breeze, Florida, I, in my individual capacity as natural or legal guardian of the above named child, hereby waive, release and discharge any and all claims for death, personal injury, illness or property damage which may result from my child's participation in this after school program even though that liability may arise out of negligence or carelessness on the part of employees, agents, or representatives of the City of Gulf Breeze.

I understand that some of the activities related to this after school program include physical contact, physical exertion and outdoor activities with exposure to seasonal heat and cold. I further understand that in connection with such after school activities accidents may occur resulting in sickness, injury or death to my child. I acknowledge that my child is emotionally, mentally and physically able to participate in such after school activities. Knowing the risks of my child's participation in after school activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless the City of Gulf Breeze, Florida, and all those persons and entities mentioned above whom, through their negligence or carelessness or any other reason, might be liable for damages.

I further understand and agree that this waiver, release and assumption of risk are to be binding on my heirs, assigns and representatives and upon all heirs, assigns, and representatives of my child. I further state that I have carefully read this Release, Know and Understand the contents of this Release, and have agreed to this Release freely and voluntarily.

When executed by a legal guardian, the term "child" shall be construed to be "We" or "Our" respectively.

Having carefully read the above Release, I give my child permission to participate in "***the Rec After School***" program sponsored by the City of Gulf Breeze.

The patient and others do hereby consent to any and all surgical treatments including anesthesia and operations, which may be deemed advisable by his or her physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly and patient's care be deemed advisable or necessary. I understand that all charges will be my responsibility.

Standard Photo and Video Release Form for Minor Children

I hereby authorize The City of Gulf Breeze to publish the photographs and videos taken of me and/or my minor children, and our names, for use in "***the Rec After School***" program's printed publications, website, Instagram, Twitter, and Facebook accounts.

I release The City of Gulf Breeze from any expectation of confidentiality for my minor children and myself and attest that I am the parent or legal guardian of the children and that I have the authority to authorize The City of Gulf Breeze to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produced by "***the Rec After School***" program is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by The City of Gulf Breeze confers no rights of ownership whatsoever. I release The City of Gulf Breeze, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of my minor children

I understand that by registering with KidCheck, it is in witness of my consent and agreement to the matters stated in this document.