

CITRUS COUNTY
Waiver and Release of Liability

Participant's Name: _____ **Participant's Date of Birth:** _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ **Secondary Number:** _____

Email Address: _____ **Driver's License #:** _____

Read this form completely and carefully. You are agreeing that you or your minor child are going to engage in a potentially dangerous activity. You are agreeing that, even if Citrus County, Florida uses reasonable care in providing this activity, there is a chance you or your child may be seriously injured or killed because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form, you are giving up your, your child's, your personal representative's and your estate's right to recover from Citrus County, Florida in a lawsuit for any personal injury, including death, to you or 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 Citrus County, Florida has the right to refuse to let you or your child participate if the form is not signed.

As participant or as parent/guardian of participant, I, _____, the undersigned, acknowledge the fact that this program, Citrus United Soccer, involves activities and/or conditions where injuries to myself/my child may occur. In recognition of the inherent nature of the exposures to risk associated with the program and in recognition of the fact that bodily injury or death may result from such activities, I assume all liabilities and risk for all hazards and injuries to myself/my child arising out of the aforementioned program, and forever holds harmless, releases, discharges, and agrees to indemnify Citrus County, Florida, its employees, officers, commissioners, and agents from any and all claims, demands, costs, liabilities, suits or causes of action involving injuries to myself/my child or property resulting from, or connected with the aforementioned activity.

I am aware that Citrus County, its employees, officers, commissioners, and agents are not responsible for unsupervised children.

I grant permission to Citrus County, its employees, officers, commissioners, and agents to obtain medical care from any licensed physician or hospital should I/my child become injured while participating in Citrus United Soccer.

I understand that I give and grant to Citrus County, without the expectation of remuneration, the exclusive right to publish, duplicate in whatever form or mode my photograph and/or the photograph(s) of myself and my child/children. I understand that photograph(s) could be posted on a web page representing the Parks and Recreation Section and could be viewed by anyone with access to the internet.

THE UNDERSIGNED ACKNOWLEDGES that he/she has read the above provisions and agrees to the contents thereof.

Participant Signature

Witness

Dated: _____

Parent/Guardian Signature

(if under 18 years old)