

# HOUSEHOLD AUTHORIZATION, RELEASE, WAIVER AND INDEMNITY AGREEMENT

(Read Carefully Before Signing)



In consideration of me and/or the minor child(ren) identified below being able to participate in all activities conducted in full or in part by the Tampa Parks and Recreation Department (hereinafter referred to as the "Activities") and enter upon and use all facilities and/or recreational equipment made available by the Tampa Parks and Recreation Department (hereinafter referred to as the "Facilities and Equipment"), I agree to the following:

- (1) I hereby agree, personally and/or on behalf of my minor child(ren), that participation in the Activities and use of the Facilities and Equipment is only granted by the City because of its understanding that in the event of injury to me or my child(ren), or damage or loss of property, that any insurance policy held by me or for my child(ren) which covers such injury or loss shall be the primary source of any recovery.
- (2) I hereby acknowledge that participation in the Activities and/or using the Facilities and Equipment may be dangerous and involve the risk of serious injury and/or death and/or property damage, which may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including the City. Nonetheless, I, for myself and on behalf of my minor child(ren), assume full responsibility for and risk of all bodily injury, death or property damage sustained while I or my child(ren) participate(s) in the Activities or use the Facilities and Equipment.
- (3) I, personally and on behalf of my heirs, personal representatives, executors and assigns, and/or on behalf of my child(ren) and my child(ren)'s heirs, personal representatives, executors and assigns, **HEREBY RELEASE, ABSOLVE, DISCHARGE AND COVENANT NOT TO SUE** the City of Tampa, its officers, employees, and agents, individually or in an official capacity for the City from all liabilities, claims, demands, actions, damages, costs or expenses which I or my child(ren) may have against the City arising out of or in any way connected to my or my child(ren)'s participation in the Activities, or use of the Facilities and Equipment, including travel to or from any such activity or facilities, and for bodily injury, death or property damage suffered by me or my child(ren) before, during, or after said activities. **I UNDERSTAND THAT THIS RELEASE AND WAIVER INCLUDES ANY CLAIM OR ACTION BASED ON THE NEGLIGENCE, ACTION OR INACTION OF THE CITY.**
- (4) I will defend, hold harmless and indemnify the City, its officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City, its officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me or my child(ren) to participate in the Activities and/or use the Facilities and Equipment, even if allowing me or my child(ren) to do so is later found to be wrongful or negligent.
- (5) I expressly agree that the foregoing release and waiver of liability and indemnity is intended to be as broad and inclusive as is permitted by the laws of the State of Florida or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**BY SIGNING MY NAME BELOW, I CERTIFY THAT: (1) I AM THE PARENT OR LEGAL GUARDIAN OF THE MINORS LISTED BELOW; (2) I UNDERSTAND THAT I AM WAIVING IMPORTANT LEGAL RIGHTS TO RECOVER DAMAGES FOR INJURY AND/OR PROPERTY DAMAGE; (3) I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT; AND (4) NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.**

\_\_\_\_\_  
PARTICIPANT'S/PARENT'S/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

## PHOTO RELEASE AUTHORIZATION

I hereby grant the City of Tampa Parks and Recreation Department permission to use my or my child/ward, likeness video and/or photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the City of Tampa Parks and Recreation Department and will not be returned.

I hereby authorize the City of Tampa Parks and Recreation Department to edit, alter, copy, exhibit, publish or distribute this video/photo for purposes of publicizing the City of Tampa Parks and Recreation Department's programs or any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the video/photograph.

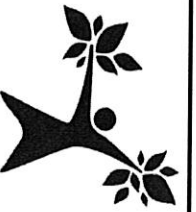
- I **AGREE** to the Photo Release as defined above  
 I **DO NOT** agree to the Photo Release as defined above

**I HEREBY CERTIFY THAT I AM THE PARENT OR GUARDIAN OF SAID CHILD OR THAT I AM AN ADULT PARTICIPANT (over 18 years of age) AND I HAVE READ AND VOLUNTARILY SIGN THIS PHOTO RELEASE AUTHORIZATION**

\_\_\_\_\_  
PARTICIPANT'S/PARENT'S/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

*Pursuant to Chapter 119, Florida Public Records Act, this record is a public document that may be inspected and/or copied. If you believe any portion of this document contains information that is exempt from disclosure, please notify our office in writing at: 3402 West Columbus Drive, Tampa, FL 33607.*



# City of Tampa Parks and Recreation Department Registration Form

**Parks & Recreation**  
CITY OF TAMPA

Name of Facility \_\_\_\_\_

Name of Program \_\_\_\_\_

**Primary Guardian Information (must be at least 18 years of age)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ HH# \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Gender  Male  Female

Phone Number \_\_\_\_\_  Cell  Home  Work Phone Number \_\_\_\_\_  Cell  Home  Work

Email Address: \_\_\_\_\_

**Family Member Information**

First Name	Last Name	Birthdate	Gender	Relationship*
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Emergency Contact Information**

First Name	Last Name	Birthdate	Gender	Relationship*
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	

*\*Relationship to Primary Guardian*

Please list any allergies, medications and/or medical history you feel staff should be aware of:

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