girl scouts of west central florida

PARTICIPANT RELEASE OF LIABILITY WAIVER ASSUMPTION OF RELEASE AND IMDEMNITY AGREEMENT
*****READ BEFORE SIGNING*****

Specialized Activities (Including, but not limited to, challenge course, horses, off-camp trips, backpacking, canoeing, transportation or campers)

Organization Name: Girl Scouts of West Central Florida, INC
4610 Eisenhower Blvd
Tampa, FL 33634

Participant Name: _____
Print Name

In consideration of being allowed to participate in any way in the program(s), related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

1. I recognize that although the program has been carefully designed and will be operated by trained staff and volunteers, the risk of injury, disability or death from the activities cannot be totally eliminated. I understand that participation in this program is entirely VOLUNTARY and I have freely chosen to participate.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS GIRL SCOUTS OF WEST CENTRAL FLORIDA, its officers, Board of Directors, officials, agents and/or employees, volunteers, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. **WARNING UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR, OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITES.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number(s)

PARENT/GUARDIAN INITIAL: _____