



Fort Myers Beach Parks and Recreation

Community Pool

Lifeguard Certification Course

Friday, May 6th - Sunday, May 8th

FORT MYERS BEACH
PARKS AND RECREATION



Participant Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Email _____

Payment: \$150 (Staff Use Only) Cash _____ Check _____ Charge _____

Checks Made Payable to *Fort Myers Beach Pool*, *Must Be 18 Years or Older to Participate*

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

FOR THE TOWN OF FORT MYERS BEACH, FLORIDA

Please read this form carefully and be aware that in signing up and participating in Town of Fort Myers Beach (hereinafter "Town") activities/programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you and/or your minor child might sustain as a result of participating in any and all activities connected with and associated with Town of Fort Myers Beach programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there may be certain risks involved in participating in Town programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss that my child or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child may have (or accrue to me or my child) against the Town as a result of participating in such program/activity, including but not limited to claims against Town Officials, officers, employees, agents, independent contractors associated with such programs/activities in any capacity, Recreation Manager, Recreation Staff, and/or volunteers (hereinafter collectively referred to as "parties"). I do hereby fully release and forever discharge the parties from any and all claims for injuries, damages or loss (including but not limited to attorneys fees and/or appellate attorneys fees associated therewith, whether or not suit is filed) that my minor child or I may have or which may accrue to me or my minor child and arising out of, connected with, or in any way associated with these programs/activities or any of them.

This will certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and for myself, my heirs, assigns, and any other interested parties.

I understand that photographs, videos or other recording of my and/or my child's face, likeness, and/or voice may occur during Town programs/activities. By signing below, I hereby agree that such face, likeness and/or voice may be published by the Town in brochures, newsletters, or other advertising for the Town.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for, and have the same legal effect as, an original form signature.

Participant Signature _____