

Wekiva Gem & Mineral Society Inc.
PARENTAL PERMISSION & AUTHORIZATION OF GUARDIAN

PLEASE PRINT

Parents' Full Names:

Junior Members:

FULL NAME

DATE OF BIRTH

As the Parent of the above-named minor children, I/we hereby give our permission for said children to become Junior Members of Wekiva Gem & Mineral Society Inc., for the year _____.

When at WGMS meeting, classes or activities, the above-named children will be supervised by the following persons, who are WGMS members: _____ and _____.
Relationship to children: _____

WAIVER OF LIABILITY & INDEMNITY AGREEMENT

***Please note: This is a release of legal rights. Read and understand it before signing.*

In consideration of my children, named above, being allowed the use of facilities and equipment at the Workshop operated by or participating in any field trip sponsored by the Wekiva Gem & Mineral Society Inc. (WGMS), I agree to the following:

Because the participant(s) is/are a Junior Member, this form must be read and signed by the Parents and Guardians before participation in any field trip or activity or using any club equipment.

I recognize that the use of shop equipment involves a certain risk of injury, even in normal use. I understand that Junior Members are allowed to use power equipment or torches, only with separate written permission from the parent and one-on-one supervision by the WGMS Member-Guardian. I have read and understand the Workshop safety rules.

I agree to release and hold harmless and to indemnify from any and all liability whatsoever, the WGMS, its volunteer monitors, agents, officers, and assigns.

In the event other persons suffer injury or loss on account of my child's use of the equipment and facilities, I agree to indemnify, hold harmless and defend the WGMS, its volunteer monitors, agents officers and assigns from any loss or expense incurred in defending claims made against it by a person or persons injured.

My signature below also indicates that the Workshop/Class Rules have been made available to me, I will explain the Rules to my Junior Member(s) and will instruct my Junior Member(s) to abide by them. Failure to abide by these rules may result in my Junior Members' suspension from the Workshop and/or Classes.

I understand that a field trip or activity that my Junior Member is participating in may include one or more of the following hazards that may result in personal harm: Unpredictable and dangerous environmental conditions/hazards including, but not limited to,

extreme weather and heat, lightning, loose rock, water hazards, slippery conditions, dehydration, heat prostration, sun stroke; wild animals including bears, alligators, etc.; poisonous animals/insects including ants, bees, snakes, scorpions, spiders, etc.; and, irritating/prickly bushes and plants including cactus, palmettos, trees, etc. I understand the risks inherent in all outdoor activities existing in the environment, either natural or man-made.

I understand a field trip may entail strenuous physical exertion. I have been advised to consult with a medical doctor regarding my personal medical needs. In case of medical emergency during my participation in the Field Trip, I authorize in advance the WGMS Member-Guardian(s) and all representatives of WGMS to secure whatever treatment is necessary. In the event that medical treatment is obtained for me, I agree to be fully responsible for payment of same and I agree to indemnify and hold harmless any person who has secured such medical treatment for me.

I understand that I am responsible for my Junior Member(s) knowing and following rules and guidelines established by the owner of any land on which I am collecting. It is my responsibility to keep informed.

I understand that when carpooling to or from field trips and other WGMS activities, in case of accident or injury, I am not covered by any insurance policy that may be in effect for WGMS.

By participating, I am assuming the risks inherent in any field trip or activity and am releasing the WGMS, their officers and field trip leaders from any liability for claims or lawsuits by the undersigned participant arising out of any field trip or activity.

I have read the aforementioned information and understand all of it. Any questions which have occurred to me have been answered to my satisfaction. I am allowing my Junior Member(s) to participate in these activities of my own free choice.

SIGNATURES FOR PARENTAL PERMISSION & AUTHORIZATION OF GUARDIAN
AND WAIVER OF LIABILITY & INDEMNITY AGREEMENT

Signature of Parent	Printed Name	Date
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Signature of Parent	Printed Name	Date
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STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization (circle one), this _____ day of _____, 20____, by _____ and _____.

NOTARY SEAL
Signature of Notary _____

Personally known: _____
OR, Produced Identification: _____
Type of Identification Produced: _____

I/We accept responsibility to act as the Guardian(s) of the above-named children at all WGMS functions, to supervise them and accept responsibility for their behavior and actions in the absence of their parents. I/We accept the terms of the above Waiver of Liability as WGMS Member-Guardian(s).

Signature of WGMS Member-Guardian Printed Name Date

Signature of WGMS Member-Guardian Printed Name Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization (circle one), this _____ day of _____, 20____, by _____ and _____.

NOTARY SEAL
Signature of Notary _____

Personally known: _____
OR, Produced Identification: _____
Type of Identification Produced: _____

11/20/2023