

Tarpon Springs Recreation Division

Activity Card Application

First Name: _____ Last Name: _____ Today's Date: _____

Address line 1: _____ Address line 2: _____

City: _____ State: _____ ZIP: _____ Phone: (____) _____ Cell: (____) _____

Email: _____ Birthdate: _____ M F Race/Ethnicity: _____
OPTIONAL

Emergency Contacts for Household:

FIRST NAME	LAST NAME	Home Ph.	Cell Ph.	Work Ph.

Other Household Members:

FIRST NAME	LAST NAME	D.O.B.	Gender M/F	Race/Ethnicity <small>OPTIONAL</small>	Phone
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		

I, for myself, my heirs and personal representatives and/or my minor children listed above, hereby assume all liabilities, risks, injuries and hazards incidental to participation in any program, event or activity sponsored, or co-sponsored by the CITY OF TARPON SPRINGS, including transportation to or from the said activity. I acknowledge the fact that this program may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless the CITY OF TARPON SPRINGS, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising from the negligence of the CITY OF TARPON SPRINGS, its agents or employees and sponsors or activity supervisors, arising from my participation in the said activity. I acknowledge that the CITY OF TARPON SPRINGS will not assume any costs relating to any injury while I am involved in this activity.

This waiver, release and indemnification is in consideration of the CITY OF TARPON SPRINGS or activity sponsor permitting my participation in the activity or program and in further consideration of the CITY OF TARPON SPRINGS not requiring self funded liability insurance coverage as a condition precedent to my participation in the activity. I freely and voluntarily assume all risk of loss or injury arising from my participation in the activity whether due to my negligence, or the negligence of others. I acknowledge that, absent this release and indemnification, the CITY OF TARPON SPRINGS or other sponsor of the activity would not have offered me access to the activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk free.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I might otherwise be entitled if I am hurt or suffer loss during my participation in the activity.

The City of Tarpon Springs and its agents frequently take photographic and video images of participants for marketing and advertising purposes. If you wish for the City of Tarpon Springs not to use your likeness or the likeness of your child, please indicate so in writing to: CITY OF TARPON SPRINGS, ATTN: BLAKE MOONEY, 400 SOUTH WALTON AVENUE, TARPON SPRINGS, FL, 34689.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

SIGNATURE OF ADULT PARTICIPANT

SIGNATURE OF ADULT PARTICIPANT

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