

**FLORIDA RECREATION AND PARK ASSOCIATION, INC.
WAIVER FORM**

Activity: 2024 SW Summer Games Workshop-North Port, FL

Activity Date: May 25, 2024

Name _____

Phone _____

Agency _____

Participant Waiver Statement

I understand that there may be some inherent risks involved in my participation in the above stated activity, including but not limited to those associated with weather conditions, health conditions, playing conditions, equipment and other participants. I fully assume the risk associated with the participation in said activity and hereby waive any and all claims I may have against the Florida Recreation and Park Association and its Directors, Officers, or any other employees, arising out of any personal injury or property damaged that is incurred during said participation, whether active or non-active.

I UNDERSTAND THIS MUST BE SIGNED PRIOR TO PARTICIPATION IN ABOVE MENTIONED ACTIVITY

The Florida Recreation and Park Association reserves the right to deny access to any Association sponsored event, if the activity supervisor determines the participant not fit to participate because of consumption of alcohol, health purposes, or any other reason that may place the participant or other participants in danger.

If I or my dependent(s) should suffer an injury or illness as a result of participation in the above stated activity/event, I authorize FRPA or Event Staff to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action, and agree to pay for any expenses incurred for this treatment.

I, _____ (print name), further agree to indemnify and save and hold harmless the Florida Recreation and Park Association, and therefore, the above written waiver of liability is acceptable to me and I agree to fully assume the risk associated with the participation in the above mentioned activity.

Signature

Date Signed

Signature of Parent if Participant is under the
age of 18 years old at time of participation

Date Signed

Activity Director Signature
(must be an official representative of FRPA)

Date Signed