



City of Tampa Parks and Recreation Department Registration Form

Parks & Recreation
CITY OF TAMPA

Name of Facility

Name of Program

Primary Guardian Information (must be at least 18 years of age)

HH# _____

First Name _____ MI _____ Last Name _____ Birthdate ____/____/____

Address _____ City _____ Zip Code _____ Gender Male Female

Phone Number _____ Cell Home Work Phone Number _____ Cell Home Work

Email Address: _____

Family Member Information

First Name	Last Name	Birthdate	Gender	Relationship*
		/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Emergency Contact/Persons Authorized to Pick Up Minors Information

First Name	Last Name	Birthdate	Phone Number	Relationship*
		/ /		
		/ /		
		/ /		

**Relationship to Primary Guardian*

Please list any allergies, medications and/or medical history you feel staff should be aware of:



Parks & Recreation
CITY OF TAMPA



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

(Read Carefully Before Signing)

The novel coronavirus, Coronavirus/COVID-19, has been declared a worldwide pandemic by the World Health Organization. Coronavirus/COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Federal authorities and the State of Florida recommend social distancing to prevent the spread of Coronavirus/COVID-19. Contracting Coronavirus/COVID-19 can lead to severe illness, personal injury, permanent disability, and death. The City of Tampa Parks and Recreation Department, Children's Athletic Network & Dance Opportunities INC. (Can-Do), and staff undertake every effort to keep our facilities clean and disinfected and have created new protocols and preventative measures to reduce the spread of Coronavirus/COVID-19; however as with any public facility, the City and Can-Do cannot guarantee that you or your minor child(ren) will be 100% safe from airborne illnesses such as Coronavirus/COVID-19 or colds and flu while using City of Tampa Parks and Recreation facilities or participating in its programs.

By signing this agreement I acknowledge the contagious nature of Coronavirus/COVID-19 and voluntarily assume the risk that my minor child(ren) and I may be exposed to, or infected by COVID-19 while using City of Tampa Parks and Recreation facilities or participating in its or Can-Do programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by Coronavirus/COVID-19 at or while using City of Tampa Parks and Recreation facilities, or participating in its or Can-Do programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Tampa employees, CANDO employees, volunteers, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my minor child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my minor child(ren) may experience or incur in connection with use of City of Tampa Parks and Recreation facilities, and/or while participating in its or Can-Do programs. On my behalf, and on behalf of my minor child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless the City of Tampa, Can-Do, its officers, employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Tampa, Can-Do, its officers, employees, agents, and representatives, whether a Coronavirus/COVID-19 infection occurs before, during, or after participation in any the City of Tampa Parks and Recreation Department or Can-Do program or the use of its facilities. Nothing herein shall be construed to waive or alter the City's sovereign immunity or the limits, rights, or requirements of Section 768.28, Florida Statutes.

By signing my name below I certify that: (1) I am the Parent/Guardian of the Child participant(s) listed on this Registration Agreement or I am an adult participant over 18 years of age; (2) I have fully read and understand the above terms and conditions and they apply to Child participant(s) or myself; (3) I understand that I am waiving important legal rights to recover damages for injury and/or property damage; (4) I agree I have been encouraged to seek the advice of my own attorney prior to signing this agreement; (5) I have read and voluntarily signed this agreement; and (6) no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Pursuant to Chapter 119, Florida Public Records Act, this record is a public document that may be inspected and/or copied. If you believe any portion of this document contains information that is exempt from disclosure, please notify our office in writing at: 3402 West Columbus Drive, Tampa, FL 33607.



Parks&Recreation
CITY OF TAMPA



Children's Athletic Network & Dance Opportunities, Inc.

**NOTICE TO THE MINOR CHILD'S
NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF TAMPA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF TAMPA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Activity Title _____

Participant's Name _____

SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN FOR MINOR CHILD

PRINT NAME

DATE

Parent's cell number _____



**AUTHORIZATION, ASSUMPTION OF RISK, RELEASE,
WAIVER OF LIABILITY, DISCHARGE, COVENANT NOT TO
SUE, INDEMNITY AND HOLD HARMLESS AGREEMENT**



(Read Carefully Before Signing)

In consideration of me and/or the minor child/children ("Child") identified below being able to participate in all activities conducted in full or in part by the City of Tampa and its Parks and Recreation Department ("City") and the Children's Athletic Network & Dance Opportunities Inc. ("Can-Do") (hereinafter referred to as the "Activities") and enter upon and use all facilities and/or recreational equipment made available by the City and Can-Do (hereinafter referred to as the "Facilities and Equipment"), I agree to the following:

(1) I hereby agree, personally and/or on behalf of my Child, that participation in the Activities and use of the Facilities and Equipment is only granted by the City and Can-Do because of their understanding that in the event of injury to me or my Child, or damage or loss of property, that any insurance policy held by me or for my Child which covers such injury or loss shall be the primary source of any recovery.

(2) I hereby acknowledge that participation in the Activities and/or using the Facilities and Equipment may be dangerous and involve the risk of serious injury and/or death and/or property damage, which may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including the City and Can-Do. Nonetheless, I, for myself and on behalf of my Child, assume full responsibility for and risk of all bodily injury, death or property damage sustained while I or my Child participate(s) in the Activities or use the Facilities and Equipment.

(3) I, personally and on behalf of my or my Child's heirs, personal representatives, executors and assigns, **HEREBY RELEASE, ABSOLVE, DISCHARGE AND COVENANT NOT TO SUE** the City and Can-Do, their officers, employees, and/or or agents individually or in an official capacity for the City and Can-Do from all liabilities, claims, demands, actions, damages, costs or expenses which I or my child may have against the City and Can-Do arising out of or in any way connected to my or my child's participation in the Activities, or use of the Facilities and Equipment, including travel to or from any such Activity or Facilities, and for bodily injury, death, property damage or expense suffered by me or my Child before, during, or after said Activities. **I UNDERSTAND THAT THIS RELEASE AND WAIVER INCLUDES ANY CLAIM OR ACTION BASED ON THE NEGLIGENCE, ACTION OR INACTION OF THE CITY AND CAN-DO.**

(4) I will defend, hold harmless and indemnify the City and Can-Do, their officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City and Can-Do, their officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me or my Child to participate in the Activities and/or use the Facilities and Equipment, even if allowing me or my Child to do so is later found to be wrongful or negligent.

(5) I expressly agree that the foregoing release and waiver of liability and indemnity is intended to be as broad and inclusive as is permitted by the laws of the State of Florida or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

BY SIGNING MY NAME BELOW, I CERTIFY THAT: (1) I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR CHILD/CHILDREN PARTICIPANTS LISTED BELOW OR I AM AN ADULT PARTICIPANT OVER 18 YEARS OF AGE; (2) I HAVE FULLY READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS AND THEY APPLY TO MINOR CHILD/CHILDREN OR MYSELF; (3) I UNDERSTAND THAT I AM WAIVING IMPORTANT LEGAL RIGHTS TO RECOVER DAMAGES FOR INJURY AND/OR PROPERTY DAMAGE; (4) I AGREE I HAVE BEEN ENCOURAGED TO SEEK THE ADVICE OF MY OWN ATTORNEY PRIOR TO SIGNING THIS AUTHORIZATION, ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY, DISCHARGE, COVENANT NOT TO SUE, INDEMNITY AND HOLD HARMLESS AGREEMENT; (5) I HAVE READ AND VOLUNTARILY SIGNED THIS AUTHORIZATION, ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY, DISCHARGE, COVENANT NOT TO SUE, INDEMNITY AND HOLD HARMLESS AGREEMENT; AND (6) NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Name of Participant (over 18 years of age) (please print)

Names of Minor Child/Children Participants (please print)

Names of Parent/Legal Guardian for above said Child/Children (please print)

Participant (over 18 years of age)/Parent/Legal Guardian Signature: _____ Date: _____

Address: _____

Email Address: _____

Phone: _____

Supervisor Initials: _____

PHOTO RELEASE AUTHORIZATION

I hereby grant the City of Tampa, its Parks and Recreation Department ("City") and the Children's Athletic Network & Dance Opportunities Inc. ("Can-Do") permission to use my or my minor child/children's likeness video and/or photograph in all of its publications, including website entries, or any broadcast medium, without payment or any other consideration. I understand and agree that these materials will become the property of the City and/or Can-Do and will not be returned.

I hereby authorize the City and Can-Do to edit, alter, copy, exhibit, publish or distribute this video/photo for purposes of publicizing the City and/or the City's programs or any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the video/photograph.

I **AGREE** to the Photo Release as defined above

I **DO NOT** agree to the Photo Release as defined above

I HEREBY CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF SAID CHILD/CHILDREN OR THAT I AM AN ADULT PARTICIPANT (over 18 years of age) AND I HAVE READ AND VOLUNTARILY SIGN THIS PHOTO RELEASE AUTHORIZATION

Name of Participant (over 18 years of age) (please print)

Names of Minor Child/ren Participants (please print)

Names of Parent/Legal Guardian for above said child/ren (please print)

Participant (over 18 years of age)/Parent/Legal Guardian Signature: _____ Date: _____

Address: _____

Email Address: _____

Phone: _____

Supervisor Initials: _____