



Miami-Dade County Park and Recreation Department Registration and Release of Liability

PLEASE READ BEFORE SIGNING

Between Miami-Dade County Park and Recreation Department and
LESSEE/PARTICIPANT:

Name of Participant _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: () _____ Ext. _____ Number in Party: _____

E-mail: _____

Driver's License # _____ Expires: _____

Medical Information:

Please describe any existing medical condition(s): _____

Please list any medication(s) being taken: _____

Please list any known allergies: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Numbers: _____

Release of Liability

In consideration of being permitted to participate in any way Miami-Dade County Park and Recreation Department's canoe, kayak, or bicycle guided tours, and related activities, I, _____, the participant, acknowledge, appreciate and agree that:

- 1) The risk of injury from the activities involved in this program/rental is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. This risk includes but is not limited to my riding on any canoes, kayaks, bikes, and/or participating on guided tours.
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM MY OWN NEGLIGENCE, OR THE NEGLIGENCE OF OTHERS, INCLUDING MIAMI-DADE COUNTY, and assume full responsibility for any loss, damage, injury, or death arising out of my participation.
- 3) I willingly agree to comply with the stated rules and regulations for my participation. If I observe any unusual, significant hazards during my presence or participation, I will remove myself from participation and immediately will bring such to the attention of the County or Park employee or official.
- 4) I WILL NOTIFY THE TOUR GUIDE (COUNTY EMPLOYEE), OF ANY ACCIDENTS OR PHYSICAL BODILY INJURY WHERE A PERSON IS HURT AND NEEDS MEDICAL ATTENTION.

- 5) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin; HEREBY RELEASE AND HOLD HARMLESS MIAMI-DADE COUNTY AND THE PARK & RECREATION DEPARTMENT, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and lesser of the premises ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY ARISING OUT OF OR IN ANY WAY CONNECTED TO MY PARTICIPATION IN TOURS, OR USE OF CANOES, KAYAKS, SNORKELING GEAR, AND/OR BIKES, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I FURTHER AND SPECIFICALLY AGREE TO WAIVE ALL RIGHTS OR CLAIMS FOR DAMAGES, LOSS, INJURY OR DEATH, LEGAL OR EQUITABLE, ARISING OUT OF ANY INTENTIONAL OR NEGLIGENT ACTS OR OMISSIONS BY ME, ANY OTHER PARTICIPANT OR PATRON OF THE TOUR, OR ANY OFFICER, EMPLOYEE, OR AGENT OF MIAMI-DADE COUNTY ARISING OUT OF OR IN ANY WAY CONNECTED TO MY PARTICIPATION IN THE TOUR/OR RELATED ACTIVITY.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND SIGN IT FREELY AND VOLUNTARILY WITH OUT ANY INDUCEMENT.

X _____ Age _____ DATE SIGNED _____
PARTICIPANT

X _____
PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE

DATE SIGNED _____

FOR PARTICIPANT OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This to certify that I, as parent/guardian with legal responsibility for this Participant, have read and fully understand that the attached waiver and release of liability, and do consent and agree on behalf of the named participant and his or her heirs assigns, next of kin, and myself, to release the Releasees from any and all liabilities incident to my minor child's involvement or participation in the canoe, kayak, snorkeling, or bike tour, as more fully and explicitly provided in the attached waiver and release form, - EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY THE LAW.

I further warrant and represent that I am the parent or legal guardian of the Participant. In the event that I am the only parent or guardian signing this form for and on behalf of the Participant, I warrant and represent that I have the full legal authority to do so without the approval of any other parent or legal guardian of the Participant.

X _____
Parent/Guardian's Signature Emergency Phone # Date Signed