

Application

Please check applicable spaces.

Session Dates for Summer:

- Session I:** June 11–21
 Weekend Session I: June 16-17, 23-24, June 30-July 1*
 Session II: June 25–July 6 (no lessons on July 4)
 Weekend Session II: July 7-8, 14-15, 21-22*
 Session III: July 9–19
 Session IV: July 23–August 2

*Central Broward Regional park only

Start Time: _____

Program Name:

- Preschool and Parent Preschool
 Beginner Intermediate

Park: C.B. Smith Central Broward Regional T.Y.

Please print:

Name _____

Age _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

Yes, add my email address for future announcements.

No, I do not want to receive email announcements.

Reservation Taken By _____

Method of Payment:

Check #/Authorization # _____

Cash Visa MasterCard Discover

RELEASE, INDEMNITY, AND WAIVER OF LIABILITY

Notice: This form contains a release, indemnity, and waiver of liability and when signed is a contract with legal consequences.

Please read it carefully before signing your name.

TO BROWARD COUNTY: In consideration of the opportunity afforded to me to participate in the activity described herein, I, the undersigned participant (or parent/guardian), freely agree to and make the following contractual representations and agreements:

I, the undersigned participant (or parent/guardian), do hereby knowingly, freely, and voluntarily assume all liability for any damage or injury that may occur as a result of my (or my dependent's) participation in the activity and agree to RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE BROWARD COUNTY, Broward County's officers, agents, employees, volunteers (all for the purposes herein referred to as the "Releasees"), from any and all liability or claims that may be from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of, my (or my dependent's) participation in the activity, **whether caused in whole or in part by the negligence of Broward County or the Releasees. I further agree to indemnify and hold harmless the Releasees from any and all liability resulting from claims, causes of action, or losses sustained by third parties arising out of my and/or my child's/ward's participation in the activity.**

I, on behalf of myself, or as parent/guardian of the dependent named herein, do hereby grant full permission to Broward County to use photographs, videotapes, recordings, and any other record of the activity for any legitimate purpose whatsoever.

I, the undersigned participant (or parent/guardian), have read this form, fully understand its terms, and understand that I, on behalf of myself (or my dependent described herein), have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

Name of Participant _____

Signature _____ Date _____

(Parent/Guardian if participant under 18)