



**PARTICIPATION WAIVER, ASSUMPTION OF RISK,
HOLD HARMLESS AGREEMENT
AND MEDICAL AUTHORIZATION**

Purpose: To give permission for participation in sports or recreation activities in which a participant is registered through the City of Ocala Recreation & Parks Department. To enable participant (or parents or guardians in the case of minor participants) to authorize the provision of emergency treatment in the case of injury or illness while under the authority or supervision of City of Ocala Recreation & Parks Department in the event that legally authorized contacts cannot be reached.

This document serves to acknowledge that I, the undersigned participant (or parent/legal guardian of the registered minor participant noted below) recognize the potentially hazardous nature of sports and active recreation programs and that participation in recreational activities can include a risk of significant injury 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. I further acknowledge that I have taken into consideration my (or my minor child's) physical condition, fitness and training, safety concerns and associated risks in determining that participation in this program is appropriate for me or my child and have disclosed any limitations that might effect my or my child's safe participation in this program on the program registration form. I understand that the City is not aware of or responsible for evaluating my fitness for participation and I am solely responsible for the decision to participate in this regard. I further agree that should I observe or become aware of any unusual safety concern, that I will remove myself or my child from participation and bring such concern to the attention of staff immediately.

In the event of injury to me (or to my minor child), if a legally authorized contact cannot be reached, I authorize City representatives to use their discretion to have me or my minor child transported to a medical facility and further authorize a qualified and licensed physician to render such treatment as would be customary under such circumstances. I take full responsibility for this action and agree to pay any expense incurred for this transport and treatment.

For and in partial consideration of my or my child's participation in the below described program, and other good and valuable consideration the receipt of which is acknowledged, I hereby personally, or on behalf of my minor child, release, indemnify and hold harmless, the City of Ocala (City), its elected officials, employees, agents, volunteers and assigns from and against all damages, claims, demands, losses, costs and expenses, including attorneys' fees, which I or my child may sustain, or which may be asserted against City or its elected officials, employees, agents, volunteers and assigns, arising out of or in connection to the customary operation of sports activities or recreation programs for which I have registered for myself or on behalf of my minor child. I understand that this release applies to any present or future injuries in relation to the registered program and that it binds my heirs, executors and administrators. I further understand that this authorization and assumption of risk applies to programs on and off-site including incidental transportation utilizing means of transportation provided by the City of Ocala including any incidental stops association with those programs.

This release form is completed and signed of my own free will and with knowledge of its significance. I have read this release and understand all of its terms. I freely and voluntarily accept the risks associated with my or my minor child's participation in this program.

NAME OF PROGRAM _____

PARTICIPANT NAME _____

FAMILY PHYSICIAN _____ PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

MEDICAL CONDITIONS (allergies, medications, chronic illness, other conditions to which a physician should be alerted)

PARENT(S) NAME(S) _____

PARENT(S) SIGNATURE _____ DATE _____

WITNESS NAME _____

WITNESS SIGNATURE _____ DATE _____