



Adult

Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone No: ( ) \_\_\_\_\_ Work No: ( ) \_\_\_\_\_

Cell No: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No: \_\_\_\_\_

Activity	Location	Date	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Acknowledgement of No Refund Policy**

I understand the City of Coral Springs has a No Refund policy for fees and charges paid to this Department for activities sponsored by them. The only exceptions to this policy will be when an activity is canceled or the City alters its time. No other circumstances or situations will qualify for a refund.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Participant

I asked the signator if he/she understood what is being signed.

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



RELEASE AND WAIVER

In consideration of the permission granted me by the City of Coral Springs, by and through this Department, to participate in the City of Coral Springs' \_\_\_\_\_ profrag, I, \_\_\_\_\_ (Name of Participant) hereby agree to sign this Release and Waiver.

Accordingly, I agree to unconditionally release, waive, and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, adjoin my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to indemnify completely, the releasees against all claims, demands, and actions arising out of my actions or involvement with the City of Coral Springs.

I certify and warrant that I am in good physical condition and able to participate in the above activity or event.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on \_\_\_\_\_  
(Month/day/year)

By: \_\_\_\_\_ By: \_\_\_\_\_  
Name Printed Name of Signator

I asked the signator if he/she understood what is being signed. Witness \_\_\_\_\_