



Community Services Department
Resource Stewardship

Participant General Release of Liability Form (“Release”) For Minor

I hereby give consent for my minor child/children or ward (hereinafter, “my child/children”)

, _____,

_____ to participate in one or more recreational or educational programs hosted by the County of Volusia, including the following activity or activities:

Explore Volusia Program

_____ (collectively, “Activity”).

I understand that the County of Volusia is affording my child the opportunity to participate in the Activity so my child may enjoy recreational and/or educational opportunities at nominal or no cost, and that, given the liabilities, hazards, and risks inherent to typical indoor and outdoor activities such as the Activity, it would not be economically feasible or sustainable for the County of Volusia to offer such opportunities absent the execution of this Release. In consideration for the opportunity to allow my Child to participate in the Activity and other valuable consideration, I, on behalf of my Child, acknowledge and agree to the following:

1. I understand that even if the County of Volusia or its districts, authorities, separate units of government established by law, ordinance or resolution, partners, elected and non-elected officials, employees, agents, volunteers, and any party with whom the County of Volusia has agreed by contract to provide additional insured status (collectively, “County”) uses reasonable care in providing the Activity, the Activity has inherent risks which could lead to sickness, injury to or death of participants (including, but not limited to cuts, bruising, scrapes, sprains, broken bones, other physical injuries; potentially harmful encounters with flora and fauna; actions of other participants in the Activity; and contraction of infectious diseases or illnesses, and that those inherent risks cannot be entirely avoided or eliminated.

2. TO THE EXTENT PERMISSIBLE BY LAW, INCLUDING SECTION 744.301(3), FLORIDA STATUTES, I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE COUNTY OF VOLUSIA, FOR ALL LIABILITY TO MY CHILD AND/OR UNDERSIGNED, FOR ANY AND ALL LOSS, INJURY, DAMAGE, AND ANY ACTIONS, CLAIMS, DEMANDS, DAMAGES, COSTS OR EXPENSES, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE BY THE COUNTY, WHICH MY CHILD OR I MAY HAVE AGAINST THE COUNTY ARISING OUT OF, OR IN ANY WAY CONNECTED WITH, THE PARTICIPATION OF MY CHILD IN AN ACTIVITY. I EXECUTE THIS FORM ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN.

3. I understand that I have the right to not sign this form, but that my child will not be allowed to participate in an Activity until this form is executed by me. I also understand that the authorization and releases granted herein are voluntary and that I may revoke any or all of them at any time by revoking them in writing to the following address: 123 West Indiana Avenue, Room 202, DeLand, FL 32720

4. I understand that this Release is unconditional and full without any limitation or exclusion.

5. I agree the provisions of this Release are severable, and, if any provision hereof is determined to be illegal or unenforceable, the remaining provisions and any partially enforceable provisions shall nevertheless remain in full force and effect.

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 COUNTY 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 COUNTY 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 COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent/Guardian Signature

Date

Print Name of Parent/Guardian