



St. Johns County Board of County Commissioners

Parks & Recreation Department



St. Johns County / St. Augustine Glory Basketball Clinics

December 8, 2017

Last/First Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____ Email: _____

Gender: _____ M _____ F D.O.B.: _____ Age: _____

In case of an emergency, and I cannot be reached please contact: _____

Home: _____ Cell: _____

*Health/ Emergency Authorization

Please list all health concerns, allergies, limitations, or restrictions for your child: _____

In an emergency, if family physician cannot be reached, I hereby authorize the above named child to be treated by another physician. _____ (Initial)

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES ST. JOHNS COUNTY, their directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or their personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the above-named Participant, whether or not caused by the negligence and/or property of St. Johns County, their directors, officers, employees, agents, and independent contractors.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, DUE TO THE NEGLIGENCE OF St. Johns County, their directors, officers, employees, agents, and independent contractors or otherwise the pertaining to the above-named Participant being in, upon or about the premises of St. Johns County and/or while using the premises or facilities or equipment thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs and/or video of themselves and/or the above named Participant by St. Johns County during recreation classes or activities to be used at the County's reasonable discretion.
4. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.
5. I CERTIFY that I am a custodial parent or legal guardian of the above-named participant.

Parent/Guardian Signature

Date