## Kids Fitness Festival of the Palm Beaches

## **Waiver Form**

CAMP NAME (if registering with a group/summer camp)			
PARTICIPANT INFORMATION			
First Name:	Last Name:		M.I
Date of Birth: Ag	e:		
Address:			
City:		State:	Zip:
Phone:	E-mail:		
Event Date: Wednesday, July 10, 10:00 a.m. to 2:30 p.i	m.		
Waiver of Liability and	Statement of I	<b>itness</b> (read before s	signing)
In consideration of being allowed to participate in any way in the Kids Factivities, I,	"("Part NT acknowledges the bone fractures, head an PARTICIPANT agree CH RISKS, both know IPANT'S actions and nary terms and conditi IPANT shall remove h he Festival. taken at the Festival ar r video may be used by of their photographs a ext of kin, RELEASE A and if applicable, own ss of damage to person	icipant") the undersigned actrisk for potential injuries when deck injuries, blunt traum as that said risks remain. In and unknown, EVEN IF conduct, ons for participation. In the imself/herself from participation department of the Palm Beach County Spend/or video and consents to ND HOLD HARMLESS Pers and lessors of premises us or property, WHETHER AD THIS RELEASE OF LIANTEN UP SUBSTANTIAL R	knowledges, agrees, and consents to the ich may be sustained during participation in the a, permanent paralysis and/or death. While ARISING FROM THE NEGLIGENCE OF event PARTICIPANT observes any unusual tion and bring the abovementioned hazard or their parent/guardian signature, consents to orts Commission ("PBCSC") as promotional the use of such photographs and/or video by BCSC, their officers, officials, agents and/or sed to conduct the event ("Releasees"), WITH RISING FROM THE NEGLIGENCE OF
Signature:	A	Age: Date:	
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT T This is to certify that I, as parent/guardian with legal responsibility for the for myself, my heirs, assigns, and next of kin. I release and agree to inder involvement or participation in these programs as provided above, EVEN permitted by law.	nis participants, do con nnify and hold harmle	sent and agree to his/her rele ss the Releasees from any and	d all liabilities incident to my minor child's
Parent/Gaurdian Signature:		Emergency C	ontact Number:
Parent/Gaurdian Name (Please Print)	Ī		Date: