BG
FLORIDA STATE PARK

PARTICIPANT RELEASE OF LIABILITY
ASSUMPTION OF RISK AGREEMENT
READ BEFORE SIGNING

Participant Name (Print): _____

Address: _____ City: _____ Zip Code: _____

In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I undersigned, acknowledge, appreciate, and agree that:

1. **I KNOWINGLY AND FREELY ASSUME ALL RISKS OF PARICIPATION,** both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation. Risks include, but are not limited to: complications from weather or physical exertion: perils and hazards from natural features, plants, animals, insects, wet surfaces, tripping hazards and other man-made or natural features; perils from equipment failure or mis-use; delays in receiving medical attention due to remote locations; opportunities to become lost and failure to adhere to routes or to posted signs. I acknowledge that swimming in the river I not allowed.
2. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS BG Florida Parks,** its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

Additional Participants:

#2 Name: _____ Date of Birth _____ Signature _____

#3 Name: _____ Date of Birth _____ Signature _____

#4 Name: _____ Date of Birth _____ Signature _____

Health Statement

I will notify management or employees of BG Florida State Parks if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF FISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTANDING THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_____ _____ _____

Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as proved above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X_____ _____ _____

Parent/Guardian Signature Date Emergency Phone #

1# Child's Name _____ Age _____ #2 Child's Name _____

BG Florida Parks represents all three locations: Oleta River 3400 NE 163st, N. Miami Beach, Hugh Taylor Birch 3109 E. Sunrise Blvd, Ft. Lauderdale & John U Lloyd 6503 N. Ocean Drive, Dania Beach.