FLORIDA TRAIL ASSOCIATION

Participant Waiver and Release for Minors

 has my (our) permission to participate in

 Name of Minor

a Florida Trail Association event. Enter event location, dates, and times:

I/we have read the Assumption of Risk form and attest that my child meets all the requirements and understands risks.  By signing below I/we by proxy sign the AOR for the named minor.

I/we understand and acknowledge that events pose risks to my child, including the risk of bruises, scrapes, cuts, sprains, and serious injury or death.

I/we also attest that my child is physically fit to participate in the event.

I/we hereby certify that the minor is my son / daughter (circle one) and that his/her date of birth is
and I/we do hereby certify that to the best of my/our knowledge and belief said minor is in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my child. I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless Florida Trail Association, US Forest Service and all officers, directors, employees, agents and volunteers of the organization, including the owners and leasers of premises used to conduct the event acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor’s participation and/or my participation in the above noted event.

I/we understand that the federal agency volunteer programs do not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee.

**I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the activity described above.**

1.

 Signature Print Name Date

2.

 Signature Print Name Date

 Address City State Zip Phone (with area code)

Alternate Adult:

 Signature Print Name Date

 Address City State Zip Phone (with area code)