LIABILITY WAIVER & MEDICAL RELEASE

Dear Parent/Guardian or Participant:

You/your child have an opportunity to participate in a Bok Tower Gardens program. To be eligible, you must sign the release form and fill in the medical information. Activities may include cooperative games, outdoor skills, historic or science/ecology enrichment activities, classroom and/or nighttime activities. For general descriptions and pictures of our programs please visit www.boktowergardens.org.

While this form may seem imposing and contain unfamiliar legal language, the purpose is to outline responsibilities and potential risks before you agree to participate. Safety is our first concern and every activity is monitored to maintain the high standards we commit to in the programs we offer.

1. ASSUMPTION OF RISK: I am aware that participation in a Bok Tower Gardens program exposes me (my child) to the risks of injury associated with physical activity. (initial)__________

2. CHOICE: Participation in Bok Tower Gardens program activities is not mandatory. I (my child) have freely chosen to participate. I (my child) hereby assume the risks associated with these activities. I acknowledge that at any time I (my child) has the right NOT to participate in or to discontinue participation in a specific activity with which I (s/he) am (is) not comfortable. (initial)__________

3. PERSONAL RESPONSIBILITY: The entire responsibility for safety is not the Instructor’s. Participants, too, have a responsibility. I (my child) agree to follow the rules and safety procedures established for the activities, and to obey Bok Tower Gardens staff supervising these activities. For my (my child’s) own safe participation, and that of fellow participants, I (my child) must call to the attention of the Instructor any situation which I (my child) perceive to be potential danger to others or myself. (initial)__________

4. PHYSICAL EXERTION: While some accommodations are available, I (my child) understand that physical exertion may be part of Bok Tower Gardens’ Program. I hereby state that I (my child) am/is in sufficient physical condition to accept a prolonged level of physical activity. (initial)__________

5. MEDICAL RELEASE: While every effort will be made to contact a parent/guardian or emergency contact, I hereby consent to any treatment that might become necessary in the event of a medical emergency while I (my child) am/is a participant in Bok Tower Gardens’ program. I understand that health/accident coverage is the responsibility of the participant or their parent/legal guardian and I will assume responsibility for any fees or costs. (initial)__________

6. PHOTO/MEDIA RELEASE: I grant Bok Tower Gardens the right to use, reproduce, assign, and/or distribute photographs, comments, videotapes, and sound recordings for use in any materials they create and use for any appropriate and legal purpose. (initial)__________

7. WAIVER OF LIABILITY AND HOLD HARMLESS- BY SIGNING THIS LIABILITY WAIVER, I AGREE AND ACKNOWLEDGE THAT I MAY BE GIVING UP IMPORTANT LEGAL RIGHTS AND REMEDIES AVAILABLE FOR MYSELF, MY CHILD NAMED HEREIN, AND OUR HEIRS, SUCCESSOR AND ASSIGNS. I have and do hereby Release and Forever Discharge Bok Tower Gardens, employees, and agents (herein collectively “Bok Tower Gardens”) from any and all liability, actions, causes of action, claims, and demands of any nature whatsoever which we now or may have as a result of our/my participation in this program. I agree to indemnify and hold harmless Bok Tower Gardens from any and all damage, loss, or liability occurring by reason of any injury to my child named herein or their property caused by acts of omission, neglect, or wrong doing by Bok Tower Gardens, myself, or my child which may arise out of our participation in this program. I hereby assume all risk of injury associated with this program. (initial)__________

PLEASE COMPLETE REVERSE SIDE INCLUDING NECESSARY MEDICAL INFORMATION

1151 Tower Blvd., Lake Wales, FL 33853
Phone: 863-676-1408 www.boktowergardens.org
LIABILITY WAIVER & MEDICAL RELEASE

This information will be kept confidential except as needed in an emergency

PARTICIPANT’S NAME:______________________________ DATE OF BIRTH:__________________________
PARENT/GAURDIAN NAME:_________________________ EVENT DATE(S):___________________________
ADDRESS:________________________________________ PHONE (CELL):__________________________
__________________________________________________ *EMAIL: __________________________
EMERGENCY CONTACT:_________________________________________________ (*of parent or guardian)
EMERGENCY PHONE:______________________________
ALT. EMERGENCY PHONE(S):___________________________
INSURANCE CARRIER___________________________ POLICY NUMBER:__________________________

Circle one:

1. Is participant taking any medications?..................................................... YES NO
   If yes and relevant, please list and explain what each is for:

2. Does the participant have any allergies? (ie: food allergies, medication, bees, red ants, etc)................................................................. YES NO
   If yes, please describe:

3. Has the participant been directed to carry Epinephrine (Epi Pen/ Ana Kit)?........ YES NO
   If yes, will the participant have it at the program?..................................... YES NO

4. Are there any reasons to restrict the participant’s activity?.......................... YES NO
   If yes, please describe:

5. Does participant have special needs to consider? (dietary needs, asthma, disabilities, specific fears, previous injuries, foreign language, etc).............. YES NO

Prior to signing this document, I have had an adequate opportunity to read and understand it. I have had an opportunity to ask questions about it, and any questions I had have been answered to my satisfaction. I agree to Liability Waiver 1-7 on the proceeding page. I agree that the medical information listed above is accurate.

Signature of Participant (regardless of age) Printed Name Date

I am the parent/guardian of the participant. I have had the opportunity to discuss the foregoing with my child. He/she understands 1-7 on proceeding page. I concur that in my child’s representations and agreements therein, and I consent to his/her participation in the program.

Signature of Parent/Guardian Printed Name Date

(For participant under the age of 18)