

CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY



"Commitment to Excellence"

FIRE & EMT COURSE RELEASE AND WAIVER FOR MINOR

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO SECTION 744.301, FLORIDA STATUTES

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.

YOU ARE AGREEING THAT EVEN IF THE CITY OF CORAL SPRINGS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF CORAL SPRINGS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF CORAL SPRINGS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Page 1 of 2



CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY • CITY OF CORAL SPRINGS, FLORIDA

4180 NW 120 Ave • Coral Springs, FL 33065 • Phone 954-346-1774 • Fax 954-340-4351 or 954-340-4423



CSRIPS.ORG



/CSRIPS



@CSRIPS



CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY



"Commitment to Excellence"

FIRE & EMT COURSE RELEASE AND WAIVER FOR MINOR

In consideration of the City of Coral Springs and/or its Fire Department granting my child permission to participate in the City of Coral Springs (EMT Program / Firefighter 1) beginning on _____, I, _____ (parent/guardian) give permission for my minor child, _____, to participate in the above course and hereby agree to sign this Release and Waiver.

Accordingly, I, both individually and in the representative capacity of my child, agree to unconditionally release, waive, and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as "releases," from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releases. In addition, I agree to release against all claims, demands, and actions arising out of either my own and/or my minor child's actions or involvement with the City of Coral Springs.

I certify and warrant that my minor child is in good health and physical condition and is able to participate in all activities required by the EMT program or Firefighter I course(s). Additionally, I agree that my minor child will adhere to all applicable rules and regulations of the City of Coral Springs and the Coral Springs Regional Institute of Public Safety.

In addition, I authorize the City of Coral Springs Fire Department Training Academy to conduct a required Criminal Background Check. I understand and authorize the Training Academy to disclose this information to any and all clinical sites I may be involved with during my education at the Coral Springs Fire Department Training Academy. I understand and agree that I may be denied entry into the program, or removed from the program, due to an unacceptable criminal background, as determined by the City of Coral Springs, in their sole discretion.

I have carefully read the foregoing release and waiver, including the statutory notice on the first page, and know the contents thereof. I understand the contents of this Release and Waiver and I am signing this Release and Waiver as my own free act.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____, 20__.

By: _____
(Printed Name of Parent/Guardian)

By: _____
(Printed Name of Parent/Guardian)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ (name of parent/guardian).

Notary Name: _____

(Notary Seal)

Notary Signature: _____

Personally known _____ OR

Produced identification _____ Type of identification produced: _____

State of Florida, County of _____

