

**FLORIDA RECREATION AND PARK ASSOCIATION, INC.  
WAIVER FORM**

**Activity:** 2024 SE FL Turf Rodeo

**Activity Date:** April 3, 2024

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax Line \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Participant Waiver Statement**

I understand that there may be some inherent risks involved in my participation in the above stated activity, including but not limited to those associated with weather conditions, health conditions, playing conditions, equipment and other participants. I fully assume the risk associated with the participation in said activity and hereby waive any and all claims I may have against the Florida Recreation and Park Association and City of Plantation and its Directors, Officers, or any other employees, arising out of any personal injury or property damaged that is incurred during said participation, whether active or non-active.

**I UNDERSTAND THIS MUST BE SIGNED PRIOR TO PARTICIPATION IN ABOVE MENTIONED ACTIVITY**

The Florida Recreation and Park Association and City of Plantation reserve the right to deny access to any Association sponsored event, if the activity supervisor determines the participant not fit to participate because of consumption of alcohol, health purposes, or any other reason that may place the participant or other participants in danger.

If I or my dependent(s) should suffer an injury or illness as a result of participation in the above stated activity/event, I authorize FRPA or Event Staff to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action, and agree to pay for any expenses incurred for this treatment.

I, \_\_\_\_\_ (print name), further agree to indemnify and save and hold harmless the Florida Recreation and Park Association, and therefore, the above written waiver of liability is acceptable to me and I agree to fully assume the risk associated with the participation in the above mentioned activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent if Participant is under the age of 18 years old at time of participation

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Activity Director Signature  
(must be an official representative of FRPA)

\_\_\_\_\_  
Date Signed