

Teen Leadership Program Activity Waiver

Applicant Name (First and Last): _____

Applicant's Legal Guardian Full Name: _____

Legal Guardian Phone Number: _____ Email: _____

Person(s) to be notified in case of an emergency when parent cannot be reached. Include relationship to participant.

Emergency Contact #1:

Name: _____ Relationship: _____

Phone Number: _____ Secondary Phone Number: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Phone Number: _____ Secondary Phone Number: _____

WAIVER

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN 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 TOWN OF BELLEAIR 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 TOWN OF BELLEAIR 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 TOWN OF BELLEAIR HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

PHOTO POLICY

THE TOWN OF BELLEAIR'S PARKS AND RECREATION DEPARTMENT MAY PHOTOGRAPH PARTICIPANTS IN PROGRAMS AND SPECIAL EVENTS, OR PEOPLE IN PARKS OR ON PARK PROPERTY, AND USE THESE IMAGES IN BPRD MATERIALS TO PROMOTE ACTIVITIES, EVENTS AND FACILITIES. IMAGES ALSO MAY BE USED BY MEDIA REPRESENTATIVES TO ILLUSTRATE COVERAGE OF EVENTS, PROGRAMS AND FACILITIES OF BPRD'S PUBLIC PARKS AND RECREATION PROGRAMS. THE PHOTOS ARE NOT MADE AVAILABLE FOR COMMERCIAL / PRIVATE SECTOR MARKETING AND ADVERTISING, ENDORSEMENT, TRADE OR SALES.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE POLICY.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

Teen Leadership Program Essay

Applicant Name (First and Last): _____

Why are you applying to be a part of the Teen Leadership Program? If accepted, what do you expect to gain from this program? What traits/abilities/talents (i.e. music/drama/sports) can you bring to the program?

Please write legibly or submit typed attachment.