

EVENT PERMIT



Ordinance 14-15

2018 MAY 19 PM 12: 05

SK8 OUT H8 JAMS

PERMIT NUMBER:

TMP2016-00149

Date(s) of Event:

June 25, 2016 from 7:00am until 6:00pm

Property Owner:

LEE COUNTY

Applicant:

C.A.R.E.S. PREVENTION

Contact: MANDIE RAINWATER

Description:

Skateboard competition ages 10-21 including skateboard related and informational

vendors

Location of event:

55 HOMESTEAD RD S LEHIGH ACRES 33936 VETERANS COMMUNITY PARK/***828-279-3341

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

Date



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

F SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

| Fitle of Event / Name of Production | SK8 Out H8 Jams presented by C.A.R.E.S. Prevention and America C.A.R.E.S. About Bullying |
|--|--|
| Date(s) of Event / Production: | June 25, 2016 |
| Location(s) of Event: | Veterans Community Park 55 Homestead Rd S |
| Name of Applicant: | C.A.R.E.S. Prevention |
| Applicant Address: | 8695 College Parkway, Suite 2428 Fort Myers, FL 33919 |
| Applicant Phone Number: | 239-425-3468 |
| Contact Person: (If different from applicant) | Mandie Rainwater, event chair, BOD member |
| Contact Phone Number: (If different from applicant) | 828-279-3341 |
| Email Address: | mandie@caresprevention.org |
| Estimated Attendance: | 100 |
| Event Description: Include each activity, when activities take place, etc. | Skateboard competition ages 10-21. Divisons will be grouped into "jams" of 3 skaters who will get up to 3 min each to show their skills. 3 judges will score the jams. Semi's and finals run similar. All competetors must wear saftey gear and sign a liability waiver. C.A.R.E.S. has obtained libaility insurance. No entry fees. We would like to have booth style tables (5-10) for skateboard related vendors alongside informational vendors such as C.A.R.E.S. Prevention. |
| Hours of Operation: | 7am-6pm |
| STRAP # of Parcel: | 05459100000040000 |
| Owner of Premises*: | Lee County Parks and Recreation |

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for allpermit types:

| What is the Zoning Classification of the p | oremises? CF | |
|--|---|---|
| Are any temporary structures to be insta | lled for the event? Yes No 1 | ype: |
| Do you have the appropriate permits for | the temporary structures? | ☐ Yes ☐ No |
| * For a 'Special Event' and 'Use of Count indentified, including all parking areas. | y Property' permit, submit a site plan wit | h all proposed facilities and activities |
| Insurance Company Insuring the Event: | | |
| Note: Certificate of Insurance must be submitted | at time of application | |
| Surety Company Bonding this Event (Na | me and Address): | |
| Will Vehicles be Used as Part of This Event? | Will Food be Available at this Event? | Will Alcoholic Beverages be served/consumed at this Event? |
| ┌─ Yes | ☐ Yes ☐ No | ☐ Yes No |
| If yes, automobile coverage must be included on the certificate of insurance. | If yes, products liability coverage must be included on the certificate of insurance. | If yes, liquor liability coverage must be included on the certificate of insurance. |
| Fill out this portion for applications for | A.R.E.S. Prevention r Solicitation in the County Rights-of-Wa | |
| Name of Charity: Community Awarene | ss in Recognizing and Educating on Suicide (| C.A.R.E.S.) Prevention |
| Address of Charity: 8695 College Parkw | ay. Suite 2428, Fort Myers, FL 33919 | |
| Phone Number: 239-425-3468 | | · · · · · · · · · · · · · · · · · · · |
| Non-profit certificate/registration nun (Proof of registration with the Dept. of Agriculture & | nber: <u>27-6808462</u> Consumer Services \$496.405 or proof the organization | is exempt from this requirement. §316.2045) |
| Section III - SALE/CONSUMPT | TON OF ALCHOLIC BEVERAGES F | PERMIT |
| Is alcohol being sold/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required | unty Property? I. Only non-profit organizations can sell alcohol on Coun | Yes No |
| Non-profit certificate/registration nun (Required if alcohol is to be <u>SOLD</u> at the event) | | |
| Please note: A permit from the State of Florid further details | a Division of Alcoholic Beverages and Tobacco may | also be required; please call (239) 344-0885 for |



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

| e of Production (TV Movie or Spe | cial, | TV Serie | es / Pilot | | TV Comme | erciai | 1 : | Still Ph | otos | |
|--|---|--|--|--|--|--|---|--|---------|---------|
| Public Service Ar | nouncement | ┌ Industria | al / Documentary | Γ | Other: | | | | | |
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| any of the follow | Symposymous many St. Commission and American | o or included | | | ┌─ Yes | · T | No | | | |
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| 200000000000000000000000000000000000000 | c / Crowd Con | LFOI | | C. 200.00 C. 2000 | r Yes | <u> </u> | No | | | |
| | r Burning | | | · · · · · · · · · · · · · · · · · · · | Yes | | No | | | |
| | sives or Pyrot | | addin a praesion to the side of the side o | www.46+-0+-0+0-15+157-17-1857-1857-1 | r Yes | T- | | | | |
| | als, Large or S | Discognision of the control of the | 19 majoris irainis 18 Empelos matematicados indicionados I desendo estr | organia ar Parysiannia a deleter de | Yes | | No | | | |
| | ruction of Any | | | | former and the second s | | No | | | |
| | 6 | rous Vehicles | | Sametium unaccessor | ☐ Yes ☐ Yes | l F | No | | | |
| P. Supanacia and Mare | opters, Boats, | etc. | Consideration of the Construction actions and the Construction of the Construction | eranan ing santan ngapang 1922 Santan | r Yes | | No | *************************************** | | |
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| Other | • | | | | ┌─ Yes | | No | | | |
| N/A | | urther details | | | | | | | | |
| • | | | | | | | | | | |
| N/A Special Parking Re N/A City or County Se | equirements: | | l, equipment, faci | ilities, et | c.) | | | | | |
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Applicant Agreement - Signature Required



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Signature of Applicant

Witness

Witness

Print Name of Applicant and Title

Print Name of Witness

5-18-16

Date

Date



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

| Cneck the appropri | ate box(es) bei | ow: |
|-----------------------|---|---|
| | ENT PERMIT | PERMIT |
| , , | SELL AND CONSU | JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| | | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. |
| | Veteran Community will be held for offic | r center parking lots will be used for the event (as noted on site plan). Reserved spots ers. |
| Deputies (How Many?): | iviandle Kainwater, | specified two deputies should be present. This is a first year event. Event chair, has requested a deferemnt of fees from Staff Officer C. Tyus (239-258-3279). deputies will be assigned from Public Services. |
| Fee for Services: | | |
| Special Arrangements: | Prevention would b | n has invited the LCSD to partner with them for this youth outreach event. C.A.R.E.S. se honored if the LCSD set up a booth in addition to sponsoring the event by or the purposes of community outreach. |
| | Print Name: | Capt. Scott Lucia |
| | Signature: | Capt. Scott K. Lucia |
| | Title: | Special Events, Permits and Details 10 May 2016 |
| | Date: | 10 May 2016 |



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

| SPECIAL | EVENT PERMIT |
|---|---|
| ✓ USE OF C | COUNTY PROPERTY PERMIT |
| FILM PER | |
| AFTER REVIEWING THI WILL REQUIRE THE APP | E APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT. |
| Fire Guards (How Many?) | Minimum of one per 200 people-expected. |
| Fee for Services: | \$100 for inspection of tents / concessions. Any Ems/Ambulance fers are \$140 per hour, |
| Flammable Vegetation: | Not fermitted |
| First Aid Equipment: | Provide first aid station |
| Fire Extinguishing: | Must provide 2A:10B: C fire extinguistor within 75 feet of all tents and displays. Food cooking tents concessions are required to Comply with NFPA 96- thout Suppression / exchange system. |
| Special Arrangements: | Any tent over 300 sq ft or any concession shall be inspected prior to operating lopening. where crowds are expected to exceed 1000, must provide EMS unit for Shandby. All for assocrated shall be borne by event in advance. No fire, explosives, or pyrotochuics. |
| | Print Name: Kon Bounett |
| | Signature: Kan Beat |
| | Title: Fire Mushal LAsst Chief Administration |
| | Date: May 3, 2016 |



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 14752 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 (239) 533-3911

| Check the appropri | ate box(es) below: |
|----------------------------------|--|
| ☐ SPECIAL E\ | /ENT PERMIT |
| □ USE OF CO | DUNTY PROPERTY PERMIT |
| FILM PERM | літ |
| | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT. |
| Treatment Facilities: | on-site first aid tent staffed with licensed RN volunteer. The nearest fire station is 0.5 miles away in case of serious accident. |
| Medical Personnel: | Marla Mangus, Registered Nurse, CA.R.E.S. Prevention BOD member |
| Medical Supplies / Equipment: | Athletic first aid kit (tapes, bandages, cold packs, etc) |
| Safety Requirements: | All participants will wear helmets. Pads encouraged. |
| Fee for Services | |
| Special Arrangements: | C.A.R.E.S. requests that they provide their own minor injury/triage center, calling 911 under the advice of the RN onsite. |
| | Print Name: |
| | Signature: |
| | Title: |
| * | Date: |



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

| Check the appropri | ate box(es) belo | ow: | | |
|--|-------------------------------------|---|--|-------------------|
| SPECIAL EV | ENT PERMIT | | | |
| ₩ USE OF CO | UNTY PROPERTY | PERMIT | | |
| F PERMIT TO | SELL AND CONSU | JME ALCOHOLIC BEVER | AGES WITHIN LEE COUNTY | ' FACILITIES |
| FILM PERM | ΙΤ | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PI | LEASE INDICATE BELOV LY WITH FOR THEIR EVE | V WHAT ARRANGEMENTS NT. | YOUR ORGANIZATION |
| Parking: | Park in designated a rights-of-way. | areas. No event parking on | or within 10 feet of Lee County | maintained road |
| Ingress and Egress: | Use all established | means of ingress and egres | 5. | |
| Special Arrangements: | None. | | | |
| | Print Name: | Bryan Miller | | _ |
| | Signature: | Bryan D. Miller | Digitally signed by Bryan D. Miller Date: 2016.05.02 13:32:14 -04'00' | - |
| | Title: | Senior Project Manager | | - |
| | Date: | May 2, 2016 | | _ |



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

| Check the appropri | nte box(es) below: |
|--|---|
| SPECIAL EV | ENT PERMIT |
| □ USE OF CO | UNTY PROPERTY PERMIT |
| PERMIT TO | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| ☐ FILM PERM | ит |
| AFTER REVIEWING THE WILL REQUIRE THE APPI | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT. |
| lliumination: | No illumination needed. Event will be held during daylight hours. |
| Parking Areas: | Parking will be allowed in open parking lots. A parking attendant will be provided by event organizer to direct traffic to open parking areas. |
| Special Arrangements: | Set up may not begin before 7 AM day of event and clean up will be completed by 6PM. Event organizer will provide Port-O-Lets and trash receptacles. All debris will be taken off site or a dumpster will be provided. LCSO to be present during competition. Safety gear will be worn by all participants. Participants must sign waiver and preregister for event. No fee for registration or entrance. Competition open to ages 10-21. |
| . · | Print Name: Christie TVardik Alise Flanjack Signature: Christie Wahrdoff Abrie Flanjack Title: Pla Supervisor Deputy Director Date: April 19, 2016 April 18, 2016 |
| Skatery Connection Vet's Park | Page 10 |



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropriate box(es) below:

| F SPECIAL EVE | NT PERMIT | | |
|-------------------------|---------------------------|---|-------------|
| □ USE OF COU | NTY PROPERTY | Y PERMIT | |
| • | | SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIE | S |
| FILM PERMIT | | | |
| j FILIVI F LINIVIII | • | | |
| | | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR OI PLY WITH FOR THEIR EVENT. | RGANIZATION |
| Insurance Requirements: | occurrence to pr | neral liability insurance with minimum limits of One Million Dollars (\$1,0 rotect against bodily injury and/or property damage relative to applicar d event within Lee County. | |
| Special Arrangements: | | | |
| , | Print Name: Signature: | Mike Figueroa | |
| | Title: | Risk Program Manager | |
| | Date: | May 12, 2016 | |
| | | | |

Who do you need to contact?



To assist you with the permitting process, below you will find contact information for sign-off agencies and county contacts, helpful websites, as well as contact information for fire districts and local agencies.

Sign-off Agency Contacts

| Sheriff | | | |
|---------------------------|-----------------------------------|----------------|--------------------------|
| Bridget Martin | Detail Coordinator | (239) 477-1098 | BMartin@sheriffleefl.org |
| Public Safety/EMS | | | |
| Scott Tuttle | Deputy Director Public Safety/EMS | (239) 533-3916 | stuttle@leegov.com |
| Department of Tran | sportation | | |
| Bryan Miller | Sr. Project Manager | (239) 533-8562 | millerbm@leegov.com |
| Randy Cerchie | DOT Director | (239) 533-8573 | rcerchie@leegov.com |
| Parks & Recreation | | | |
| Dana Kasler | P&R Deputy Director | (239) 533-7412 | dkasler@leegov.com |
| Risk Management | | 7 | |
| | Risk Management | (239) 533-2221 | |

County Departments

| Community Development Division of | f Codes & Building Services |
|--|--|
| Signs, Tents, Fireworks, Temporary U | Jse Permits, Circus, Fairs, Amusement Rides |
| Address: 1500 Monroe Street Fort Myers, FL 33901 Visitor & Convention Bureau | Contact: Phone: (239) 533-8329 Fax: (239) 485-8340 Hours: 7:30 am to 4:30 pm |
| Film Permits | |
| Address: 2201 Second Street, Suite 600 Fort Myers, Florida 33901 | Contact: Local: (239) 338-3500 Toll-free: (800) 237-6444 Fax: (239) 334-1106 |

Helpful Websites

| Agency | Website |
|---|---|
| Division of Alcoholic Beverages and Tobacco | http://www.myfloridalicense.com/dbpr/abt/ |
| Visitor & Convention Bureau | http://www.fortmyers-sanibel.com/ |
| Parks & Recreation | http://www.leeparks.org/index.html |
| Community Development - Permitting | http://www.leegov.com/dcd/BldPermitServ |

Francis L. Dean & Associates, LLC 1776 S. Naperville Rd., Bldg-B P.O. Box 4200 Wheaton, IL 60189

Quotation - C.A.R.E.S. Suicide Prevention

Accident Coverage

Eligibility:

All Participants & Staff of the Policyholder's Event

Benefits:

\$10,000.00

Maximum Medical Benefit per Claim

\$2,500.00

Accidental Death/Dismemberment Benefit per Claim

\$250.00

Deductible per Claim

Excess Coverage

Dental Benefit:

Included in Maximum Medical Benefit

Policy Term:

6/25/2016 - 6/26/2016 12:01 AM

Carrier:

United States Fire Insurance Company (Admitted) (A Excellent XIII AM Best)

Premium: \$165.00

Minimum Premium:

\$165.00 (Fully Earned at Inception)

General Liability Coverage (Requires Accident Coverage)

\$2,000,000.00

General Aggregate

\$2,000,000.00

Products/Completed Operations Personal & Advertising Injury

\$1,000,000.00

Each Occurrence

\$1,000,000.00

Each Occurrence

\$300,000.00

Fire Damage (any one fire)

\$5,000.00

Med Exp

\$0.00

Deductible per Claim

Policy Term:

6/25/2016 - 6/26/2016 12:01 AM

Carrier:

United States Fire Insurance Co (Admitted) (A Excellent XIII A.M. Best)

Premium:

\$360.00

Broker Fee:

\$25.00 (Non-Commissionable) (Fully earned at Inception)

Total Due:

\$385.00

Minimum Premium:

\$360.00

(Fully Earned at Inception)

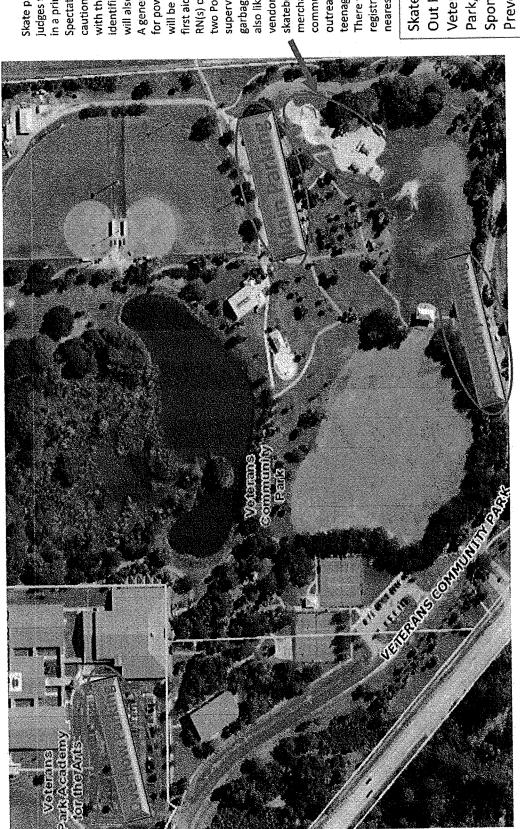
Inclusions/Program Highlights:

Occurrence-Form Policy

Coverage Included for Claims by Athletic Participants

Coverage issued through Sports & Recreation Providers Assn Purchasing Group

Exclusions: War, Terrorism, Expected or Intended Injury, Sexual Abuse/Molestation, Asbestos, Nuclear Energy, Total Pollution, Fungi or Bacteria, Aircraft or Watercraft, Pyrotechnics, Employment Related Practices, Communicable Disease (Hepatitis, TSE, HIV, HTLV, or AIDS) Lead Liability.



supervisors request as well as with three drop in spots identified for each Jam. There also like to have 5-10 booths, nearest the main parking lot. udges tables under a canopy will also be a competitor tent will be set up. There will be a Skate park: there will be two garbage removal. We would A generator will be supplied caution tape style barricade irst aid tent with volunteer registration/check-in table RN(s) on site. There will be for power. A sound system community resource and Spectators will be behind teenagers/young adults. two Port-a-Lets set per outreach programs for vendor supplied, of in a prime location. merchandisers and skateboard related There will be a

Skate out Hate (SK8 Out H8 Jam) Site Plan: Veterans Community Park, June 25, 2016 Sponsored by CARES Prevention

Spectator do not cross line

SKATEBOARDING WAIVER & RELEASE FORM PARTICIPANT RELEASE OF LIABILITY --- READ BEFORE SIGNING

In consideration for being allowed to participate (skateboard) in any way at SK8 out H8 Jam sponsored by C.A.R.E.S. Prevention, Veterans Park, 55 Homestead Road South, Lehigh Acres, FL, its related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in these programs is significant, including the
 potential for permanent disability and loss, and while particular rules, equipment, and personal
 discipline may reduce the risk, the risk of serious injury to me does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined in paragraph 4 below) or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary rules, terms and conditions for participation.; and,
- 4. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS CARES PREVENTION, ALL VOLUNTEERS, AND LEE COUNTY, AND THEIR PARENTS, SUBSIDIARIES, AFFILIATES, RELATED COMPANIES, SUCCESSORS AND ASSIGNS, AND ANY AND ALL OF THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, AGENCIES, ATTORNEYS, AGENTS, REPRESENTATIVES, FIDUCIARIES, COMMITTEES AND EMPLOYEES, PAST, PRESENT AND FUTURE FROM ANY AND ALL CLAIMS ARISING OUT OF MY PRESENCE AT SK8 OUT H8 JAM PRESENTED BY C.A.R.E.S. PREVENTION// VETERANS PARK, LEHIGH, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR ANY AND ALL INJURIES, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING ATTORNEY'S FEES AND ATTORNEY'S FEES ON APPEAL.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCMENT. I attest that I am physically fit and I am prepared for this activity. I also waive and release the use of my photograph or likeness for any reason or purpose. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT!

| MEDICAL RELEASE: In the event that I am unconscious or otherwise unable to make medical decisions for myself in an emergency, I hereby give permission for medical treatment, and related |
|---|
| transportation, to any licensed physician, surgeon, clinic, hospital or ambulance service to secure |
| proper treatment, and to order anesthesia, for myself as named above. I am allergic to the following medications: |
| Please list here: |
| SKATEBOARDING WAIVER & RELEASE FORM (Cont.) |

(Signature of Participant)

(Signature of Guardian if Under 18)



LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropriate box(es) below:

FILM PERMIT ONLY

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

| Special Arrangements: | N/A |
|-----------------------|-------------|
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