

**LEE COUNTY BoCC WAIVER FORM**  
*for Individual Volunteers under the age of 18*

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**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY BoCC PROGRAMS/ACTIVITIES** PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County BoCC program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County BoCC programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I agree to indemnify and hold harmless Lee County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.**

**If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature. If registering via email, your typed signature shall be substitute for and have the same legal effect as an original form signature.**



**Board of County Commissioners**  
Department of Human Resources

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***Please Sign in the presence of a Notary:***

Signature of Minor:	Print name:
Parent/Legal Guardian Signature:	Date:

Acknowledgment of Individual

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date), by \_\_\_\_\_ (name), who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_

Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

Commission # \_\_\_\_\_