

AUTHORIZATIONS / LIABILITY WAIVER
ONE FORM PER MINOR STUDENT

Student Name: _____ Date of Birth: _____ Age: _____
Parent/Guardian Name: _____ Phone Number: _____
Parent/Guardian Name: _____ Phone Number: _____

PARTICIPATION / LIABILITY RELEASE: I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in Carrollwood Cultural Center events. This release is intended to discharge in advance Carrollwood Cultural Center, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

POLICIES

Lost or Stolen Items

Students are asked to leave any valuables, electronics (mp3 players, digital cameras, cell phones, etc.) at home. The Carrollwood Cultural Center and its employees are not responsible for lost or stolen items.

Photographs

I give permission for my child's photograph to be taken for use by the Carrollwood Cultural Center in program brochures, annual report, website, and other promotional materials and for release to local newspapers.

Disclosure

If I have any additional information regarding my child I would like the center to be aware of, I agree to contact the Education Director 813-922-8167 ext 205 prior to first day of participation.

DROP OFF / PICK-UP

Office staff and instructors are not available to supervise minors before or after a class or event. Parents MUST accompany young children to and from the class or event.

If requested, person picking up a student must provide a photo ID.

List up to 3 other people (other than parent/guardian) that are authorized to pick-up the camper or should be contacted in case of a medical emergency or emergency pick-up:

1. Name: _____ Relationship: _____ Phone Number: _____
2. Name: _____ Relationship: _____ Phone Number: _____
3. Name: _____ Relationship: _____ Phone Number: _____

Parental Consent (*Complete if applicant is under 18*) I give consent for my child to participate in the above activities, and I execute the above liability release on their behalf.

Parent/Guardian PRINT: _____ DATE: _____

Parent/Guardian Signature: _____