

**Consent to Medical Treatment and release of Liability \_ READ BEFORE SIGNING  
MUST HAVE TO PARTICIPATE IN PRE SEASON PROGRAM.**

In consideration of being allowed to participate in this program, I hereby RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE the Pensacola Samba, their owner, or employee (hereinafter referred to as RELEASEE) from any liability, claims, demands or course of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me/my child, or to any property damage belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OFF THE RELEASEE, or otherwise, while participating in this program, or while in, on or upon the premises where the program is being conducted.

To the best of my knowledge, I/my child am/is in good condition and I am not aware of any physical infirmity which would place me/my child at risk tp participate in any way with program activities. I am fully aware of the risks and hazards connected with this program. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSON INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned be me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE or otherwise. I hereby AGREE TO INDEMNIFY AND HOLD HARMLESS, the RELEASEE, from any loss, liability, damages or cost, including court costs and attorneys' fees, that may accure related to my/my child's participation in the program. WHETHER CAUSED BY NEGLIGENCE OR RELEASEE or otherwise.

During the period of the program, I hereby give permission for the staff of the Pensacola Samba, or this program to administer appropriate medical attention to me/my child in the event of any accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASEE, WAIVER, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with laws in the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am least eighteen (18) years of age and fully competent; and I execute this full Release for full, adequate and complete considerations fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN SIGNATURE

Date Signed/Printed Parent/Guardian Name

Print Camper's Name

Emergency Phone Number(s)