



567-8000 ext. 1-REC

Eleventh Annual Daddy Daughter Dance

for girls ages 3-9



February 25, 2012

6:00 – 8:30 pm

Polish American Social Club
7500 US Highway 1
Vero Beach, Florida

**Registration begins January 23th for children ages 3-9.
\$30+tax per couple \$5 +tax for each additional child. Registration is
limited to the first 220 couples and ends on February 18th.**

**For more information, please contact the Indian River County
Recreation Department at 226-1732.**

Pictures will begin at 5:30 pm

Child's Name _____ Age _____

Parent's Name _____

Phone # (____) _____ - _____ Amount Enclosed \$ _____

SPONSORED BY:



**Please fill out and return to the Indian River County Recreation office located
at the County Administration Building, 1800 27th St Vero Beach, FL. 32960.**

Waiver must be completed on back prior to event

RECREATION DEPARTMENT

RECREATION DEPARTMENT

Accident Waiver and Release of Liability Non-Water Events

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those cause by terrain, facilities, temperature, weather, condition of athlete's equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and release of Liability (AWRL) form will be used by Indian River County, Florida, School District of Indian River County, and the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, Indian River County, Florida, School District of Indian River County, and their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness, during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

Initial: _____



This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

Printed Name: _____ Age: _____

Signature: _____ Date: _____

If the applicant is under 18 years of age, the parents or guardians must execute the following waiver:

PARENT/GUARDIAN WAIVER OF MINORS

The undersigned parent and natural guardian or legal guardian does hereby represent that he is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties on behalf of both the minor and the parents or legal guardian.

Printed Name of
Parent or Guardian: _____

Signature: _____ Date: _____

Event: _____

