ACCIDENT RELEASE AND FINANCIAL RESPONSIBILITY WAIVER

I am aware of the recreation programs provided by the City of Satellite Beach Recreation Department, and understand the inherent dangers involved with my participation in these programs and the dangers involved in transportation to and from these programs, including the risk of death and/or personal injury or damage to myself and/or my property while participating in such programs. Recreation staff and program instructors may photograph or videotape participants at our recreation programs, activities, or events. These photographs may be duplicated in City publications, flyers, brochures, City website, or video productions. I further understand and acknowledge that participants in such programs are not covered under insurance of the City, and that the City would not allow my participation in such programs absent my signing this release. I therefore, freely and voluntarily execute this release and with such knowledge, assume the risk of death, personal injury and/or property loss arising from or in any way connected with my participation in any recreation program offered by the City of Satellite Beach.

I authorize and grant permission to the representative of the City of Satellite Beach Recreation Department to obtain medical care from any licensed physician or hospital and/or medical clinic should I become ill or injured while participating in recreation activities away from home, or at other times when neither parent nor guardian is available to grant authorization for emergency treatment.

I hereby release and forever discharge the City of Satellite Beach, the City of Satellite Beach Recreation Department, and any and all agents of the department from any liability, claim, cause of action, demand or damages for injury, death or damages of any kind to me or to my property as a result of my participation in the recreation programs of the City of Satellite Beach Recreation Department. I further waive, release, absolve and agree to indemnify and hold the City harmless, as a result of my participation in any recreation program sponsored by the City of Satellite Beach.

By signing below, I acknowledge having read the City of Satellite Beach's Accident Release and Financial Responsibility Waiver.

DATE	SIGNATURE	PRINT YOUR NAME	STUDENT/CHILD NAME

SBRecDept 07/07/2010