

# Dolly Bay A Village on Lake Tarpon A Condominium

## WAIVER AND RELEASE OF LIABILITY

**THIS IS A RELEASE OF LIABILITY READ BEFORE SIGNING**

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY EVENT

PARTICIPANT'S NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ IN CONSIDERATION of \_\_\_\_\_ being permitted to participate in any way in the activities described herein as: \_\_\_\_\_ I

acknowledge, appreciate, and agree that

1. The risk of injury from the activity involves some risk and personal discipline will minimize this risk, the risk of serious injury does exist.
2. Unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known released from liability below, and assume full responsibility for my participation.
3. I understand that the activities described herein require physical and mental stamina.
4. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest person.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Dolly Bay – A Village on Lake Tarpon, A Condominium and the owners, their officers, officials, agents and/or employees ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
6. I understand and will follow all instructions given to me by the person leading this activity. Failure to do so may result in me being asked to remove myself from the area and the activity. If asked to leave I will do so willingly.
7. I understand and agree that this Release of Liability Agreement covers each day of the activity that I participate hereafter.

I, AND IN THE EVENT OF A MINOR, MY PARENT, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

APPLICABLE IF ABOVE PARTICIPANT IS UNDER 18 YEARS OF AGE. PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Dolly Bay – A Village on Lake Tarpon – A Condominium, but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in this activity for myself, my heirs, assigns, and next of kin.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCYPHONE #

### EMERGENCY MEDICAL PERMISSION FORM

The undersigned parent or guardian hereby gives permission for Dolly Bay – A Village on Lake Tarpon – A Condominium to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in the above named activity on this date \_\_\_\_\_ only. All attempts will be made to contact the parent prior to contacting medical assistance.

Participant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian Signature Above \_\_\_\_\_

Date \_\_\_\_\_