



"We're all in this together."

Noah's Ark

of Central Florida, Inc
P.O. Box 92221 - Lakeland, FL 33804-2221
(863) 687-0804

Release and Waiver of All Claims and Covenant Not To Sue Permission to Photograph, Video Tape and Record

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THIS RELEASE AND WAIVER, executed on _____, 20____, by _____ (PRINT NAME), referred to as "Participant", to Noah's Ark of Central Florida, Inc., its Directors, employees, contractors, vendors, and volunteers, a not-for-profit corporation, incorporated under the laws of the State of Florida, having its principal place of business at 2225 East Edgewood Drive, Lakeland, Florida, 33803 referred to collectively as "Noah's Ark".

Recitals

- Noah's Ark is a not-for-profit organization which sponsors or hosts various programs and activities designed to provide a quality social and recreational environment for various individuals.
- In connection with the various programs and activities, Noah's Ark provides employees and volunteers for the support and implementation of these programs and activities.
- Parents of the individuals who participate are also provided with the same services.

In consideration of the Participant's participation in the various programs and activities sponsored by Noah's Ark, the undersigned, including his or her spouse, heirs, legal representatives, legal guardians and assigns, hereby releases and forever discharges Noah's Ark, its Directors, employees, contractors, vendors and volunteers, its successors and assigns, of and from any claims, demands, actions, and causes of action of any kind, in law or in equity, including, without limitations, for personal injury and disability, pain and suffering, mental anguish and loss of income, arising from the care of the Participant in the various programs and activities sponsored or hosted by Noah's Ark, which injury is allegedly caused by the negligence of their acts or omissions of Noah's Ark, its Directors, employees, contractors, vendors, volunteers or parents participating in the various programs and activities.

The Participant hereby assumes all risks for claims arising before or after the date of this Release, know or unknown, rising from the subject of the Release, in favor of Noah's Ark, its Directors, employees, contractors, volunteers or parents and others participating in the various programs and activities, and hereby knowingly and voluntarily expressly release them from any and all liability for claims arising out of the various programs and activities, and covenants not to sue as consideration for participation in the various programs and activities. This Release shall be binding on the Participant, his or her spouse, heirs, legal representatives, legal guardians and assigns.

Frequently, Noah's Ark, as part of their marketing program, takes photographs and electronically records the various programs and activities to use in a variety ways including, but not limited to, marketing materials and website illustrations. The Participant, his legal representative, or his legal guardian hereby give permission to Noah's Ark to use such photographs and electronic recordings in their materials.

The Participant, his legal representative, or his legal guardian has read all the terms of this instrument and understands that he is signing, or otherwise, a complete release, waiver and bar to any claim of negligence, or otherwise arising out of his participation in the various programs and activities sponsored or hosted by Noah's Ark.

Signature - Participant (if over 18 years old without Legal Guardianship)

Date

Signature - Parent as Witness (if stilling living at home and over 18 years old)

Date

Signature - Legal Guardian on Behalf of the Participant
(Attach a copy of guardianship documents.)

Date

STATE OF FLORIDA

COUNTY OF _____

I hereby certify that the foregoing was executed before me this _____ day of _____, 20____,

by _____, who is personally known to me and/or has produced

_____ as identification and who did not take an oath.

List photo identification number (ie .State DL ar State ID)

[Notary Seal and Expiration Date]

Notary Public, State of Florida

**Blanket Release and Waiver of All Claims and Covenant Not To Sue
Permission to Photograph, Video Tape and Record**

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Participant's Information & Registration

(Please Print All Information Clearly)

Participant's Name: _____

Street Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Date of Birth: _____ Age: _____

School/Agency Attends: _____

Medications, Allergies or Special Needs: _____

Is the Participant a Minor (under 18 years old)? Yes No

Does the Participant live with his/her parents? Yes No

Name of Parents _____

Parent's Home Phone: _____

Parent's Cell Phone: _____

Note: In Florida, an individual is considered a "competent adult" when they reach the age of 18 regardless of an individual's disability. Natural parents are NOT considered guardians unless a formal written guardianship is obtained through the Courts.

Is the Participant over 18 years old with a Legal court appointed Guardian? Yes No

If yes, name of Guardian _____

Guardian's Home Phone: _____

Guardian's Cell Phone: _____

(a copy of the legal guardianship document must be included with this Release and Waiver)