

**OCPS/City of Orlando Community- Based Vocational Education**  
**WAIVER & RELEASE FORM**

For minors (under 18) or those under guardianship: YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER.

**RELEASE OF LIABILITY READ BEFORE SIGNING**

In consideration for my child or ward, \_\_\_\_\_ (Participant's Name), being allowed to train, work and participate at a City of Orlando work location as part of the OCPS CBVE program, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury to my child or ward does exist; and,

2. I, ON BEHALF OF MYSELF, MY CHILD OR WARD AND ANY OTHER PARENTS OR LEGAL GUARDIANS, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined in paragraph 4 below) or others, and assume full responsibility for my child or ward's participation; and,

3. I willingly agree to comply with and to make my child or ward aware of the stated and customary rules, terms and conditions for participation as set forth by the OCPS CBVE program including that he/she will not be eligible for Worker's Compensation coverage from the City of Orlando, and,

4. I, FOR MYSELF AND ON BEHALF OF MY CHILD OR WARD AND OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY OF ORLANDO, FLORIDA AND ITS OFFICERS, ELECTED OFFICIALS, AGENTS, EMPLOYEES, OTHER PARTICIPANTS, ("RELEASEES") FROM ANY AND ALL CLAIMS ARISING OUT OF MY PRESENCE AT CITY OF ORLANDO FACILITIES DURING PARTICIPATION IN THE OCPS COMMUNITY-BASED VOCATIONAL EDUCATION PROGRAM , INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR ANY AND ALL INJURIES, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING ATTORNEY'S FEES AND ATTORNEY'S FEES ON APPEAL. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, REVIEWED IT WITH MY CHILD OR WARD (AND ANY OTHER PARENTS OR LEGAL GUARDIANS OF THE CHILD) AND WE FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I attest that my child or ward is physically fit and willing to be trained for this activity. I WANT MY CHILD OR WARD TO PARTICIPATE IN THIS TRAINING PROGRAM LOCATED AT CITY OF ORLANDO FACILITIES. I certify that I am 18 years of age and that I am entering into this agreement as the parent or legal guardian for the minor Participant named above and that I also have the authority to do so on behalf of the Participant's other parents or guardians. This waiver, release and indemnity shall be governed by the laws of the State of Florida, and any legal action relating

CBVE Waiver Minor

to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida.

SIGNATURES MUST BE WITNESSED BY AN AUTHORIZED EMPLOYEE OF ORANGE COUNTY PUBLIC SCHOOLS.

PLEASE PRINT LEGIBLY

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's license/ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alt Phone # \_\_\_\_\_

PARTICIPANT NAME \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

OCPS STAFF WITNESS SIGNATURE \_\_\_\_\_ Date Signed \_\_\_\_\_

OCPS STAFF PRINTED NAME: \_\_\_\_\_