

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

**RELEASE OF LIABILITY READ BEFORE SIGNING**

In consideration for me, \_\_\_\_\_ (Participant's Name), being allowed to train, work and participate at a City of Orlando work location as part of the OCPS Community-Based Vocational Education (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 me does exist; and,

2. I, 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 participation in the CBVE program at the City of Orlando; and,

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

4. I, FOR MYSELF AND ON BEHALF OF 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 AND I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I attest that I am physically fit and willing to be trained for this activity. I WANT TO PARTICIPATE IN THE OCPS CBVE TRAINING PROGRAM LOCATED AT CITY OF ORLANDO FACILITIES. I certify that I am 18 years of age and that I am legally able to enter into this agreement. This waiver, release and indemnity shall be governed by the laws of the State of Florida, and any legal action relating 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

Participant Printed Name: \_\_\_\_\_

CBVE Waiver

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

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

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

Date of Birth: \_\_\_\_\_

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

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

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