Hernando County Parks & Recreation Department





Mir	nor's Name: (Anyone under 17 at tin	ne of Registration)	Date of Birth:				
Add	ress:	Phone:		-			
City	:	State:	Zip:				
	ergency Contact:						
PARENTAL CONSENT - Read Before Signing PURSUANT TO § 316.0085(5)(c) FLORIDA STATUTE AND IN CONSIDERATION of being							
	ed to participate in any way a						
1.	The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist even when these activities are conducted in accordance with all such rules. These activities are inherently dangerous; and,						
2.	I KNOWINGLY AND FR ARISE FROM THE INHER OR IN-LINE SKATING, b participation; and,	ENTLY DANGEROUS	ACTIVITIES OF SKAT	TE BOARDING			

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the immediate attention of the Parks and Recreation Department at (352) 754-4027.

I HAVE READ THIS PARENT CONSENT FORM. I FULLY UNDERSTAND ITS TERMS. I SIGN FREELY AND VOLUNTARILY. I UNDERSTAND THAT UNLESS WRITTEN PARENTAL CONSENT IS PROVIDED TO THE COUNTY OF HERNANDO, MY CHILD SHOULD NOT SKATE IN THE PARK.

FOR PARTICIPANTS OF MINORITY AGE (Under age 17 at the time of registration)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent to the above named minor's use of County Skate Park(s) for any purpose, including but not limited to skateboarding or in-line skating.

Parent/Guardian Signature:			Date Signed:	
Print Nam	e:			
Return to:	Hernando County Recreation Division Community Activity Center 205 East Fort Dade Avenue Brooksville, Florida 34601	ø		
	Additional forms are available at www.co.he Questions may be direct aformation:			
STATE (OF FLORIDA Y OF			
Sworn to an	nd subscribed before me this day of	20	, by	
	onally known to me OR has produced			
			Notary Public	