



## INDEMNITY AND HOLD HARMLESS AGREEMENT

I \_\_\_\_\_ am a participant or parent or guardian of \_\_\_\_\_ (minor child), who participates in the **COAST AQUATICS SWIM TEAM**. I acknowledge that by signing this document, I am releasing Emerald Coast Fitness Foundation, Inc., Liza Jackson Preparatory School, Inc. and the City of Fort Walton Beach, and their officers, agents and employees from liability. This is a contract with legal consequences. I have been advised to read it carefully and to obtain legal advice before signing.

I covenant and agree to indemnify, protect, defend, hold and save harmless the Emerald Coast Fitness Foundation, Inc., Liza Jackson Preparatory School, Inc. and the City of Fort Walton Beach, and their officers, agents and employees, from any and all claims, actions, lawsuits and demands of any kind or nature arising out of my use of the Bernie R. Lefebvre Aquatic Center (BRLAC) and my participation in any of the programs offered by the ECFE.

For and in consideration of the opportunity to participate in aquatic activities at the Pool at the Ron Crawford Recreation Center at 1127 Hospital Road, Fort Walton Beach, Florida, the undersigned participant, my heirs, successor and assigns, forever hold harmless the Emerald Coast Fitness Foundation, Inc., Liza Jackson Preparatory School, Inc. and the City of Fort Walton Beach, and their officers, agents and employees, from any and all liability whatsoever for any personal property damage or for any personal injury that may result from said participation.

I agree, for myself, my successors and assignee, that the above representations are contractually binding and are not mere recitals, and that should I or my successors assert any claim in contravention of this agreement, the asserting party shall be responsible for the payment of legal incurred by the other party or parties.

This agreement may not be modified orally, and waiver of any provision shall not be construed as a modification of any provision herein or as consent to any subsequent waiver or modification. I am at least 18 years of age and suffer from no physical, mental, legal or other disabilities that prevent me from fully understanding the terms of signing this agreement.

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

PROGRAM NAME: \_\_\_\_\_

PARTICIPANT'S NAME (printed): \_\_\_\_\_

PARENT/GUARDIAN NAME (if participant is under 18): \_\_\_\_\_

PARTICIPANT OR GUARDIAN SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_