

Fort Lauderdale Black Police Officer's Association



2016 Teen Summit
Registration/Liability Waiver Form

Student Name: _____

Birthdate _____

Parent Name: _____

Address _____

Phone number _____

Parent, please read carefully before signing below

WAIVER

I, _____ In consideration for the acceptance of my participation in the 2016 FLBPOA Teen Summit, I, or my heirs, executors and administrators, release and forever discharge the Fort Lauderdale Black Police Officer's Association, the city, county, state or district where the event is held and all sponsors, producers, their agents, representatives, successors and assigns of all liabilities, claims, actions, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation in this event, including travel to or from this event, and including injuries which may be suffered by me before, during or after the event. I understand that this waiver includes any claims based on negligence, action or inaction of any of the above parties.

Parent Signature: _____ **Date:** _____

Thank you for your participation!