Model Manatee County Government Civics Education Program

Parent/Guardian Permission Form and Release

My child, _____, has permission to participate in the Model Manatee County Government Civics Education Program (Program) organized by Manatee County, a political subdivision of the State of Florida (County) for the 20__ fall session. On behalf of myself and my child, I agree to the following (initials required):

_____ I have read the application and acknowledge the purpose and guidelines of the Program.

_____ I acknowledge that my child's participation in this Program is voluntary, a privilege, and not a right.

_____ I understand that my child will not be required to stay beyond 5:00 p.m. for any meeting or event related to the Program.

_____ I acknowledge that transportation is not provided by the County, and I will ensure that my child has reliable transportation to and from meetings or events related to the Program.

_____ I acknowledge that expenses are not reimbursable by the County and that the County will not be reimbursing me for any expenses incurred by me or my child in connection with participating in the Program.

_____ I acknowledge that photographs and videos of my child may be taken by the County. I consent to the County's use of my child's name, image, likeness, and voice in perpetuity, in any medium or format, and grant irrevocable permission to the County to use the photographs and videos in the County's social media, traditional media, and promotional materials related to Manatee County Government and the Model Manatee Program .

_____ I understand that I may refuse to sign this form; however, doing so will prohibit my child's participation in the Program.

_____ I grant permission for my child to participate in all weeks, sessions, activities, and site visits associated with the Program. Please see attached schedule for more details.

_____ I understand participation involves my child attending government meetings and interacting with County officials and staff, and possibly citizens from the County.

_____ I acknowledge that the County will not be providing my child with meals or snacks and that I am responsible for providing meals or snacks to my child during their participation in the Program.

_____ I acknowledge that I am responsible for providing a refillable spillproof water bottle for my child to bring to all Program events.

_____ In connection with any injury or other medical conditions that my child may experience during their time at the Program, I give consent and authority to the County to obtain emergency medical treatment for my child and hereby authorize whatever medical treatment is deemed necessary by Manatee County personnel, in their discretion.

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_____I further understand and agree that I will be fully responsible for payment of any and all medical services, medical transport services, and treatment rendered to my child. I hereby release, forever discharge, and hold harmless the County from any claim whatsoever in connection with such treatment or other medical services that may become necessary for my child.

_____ I, the undersigned, on behalf of myself and for my minor child listed below, hereby release, waive, discharge, and covenant not to sue Manatee County, a political subdivision of the State of Florida, its Board of County Commissioners, officers, employees, agents, representatives, volunteers, all municipal agencies whose property and/or personnel are used (collectively, the Releasees) from any and all liability, claims, demands, actions, or causes of action of any kind, including but not limited to those arising from the negligence or carelessness of the Releasees, which may arise out of or relate in any way to participation in the Program or any activities incidental thereto.

_____ This release extends to any injury, illness, disability, death, or property damage that may occur as a result of my child's participation in the Program, whether before, during, or after the Program sessions, activities, and site visits.

_____ I UNDERSTAND THAT THIS RELEASE DISCHARGES THE COUNTY FROM ANY LIABILITY OR CLAIM THAT I OR MY CHILD MAY HAVE AGAINST THE COUNTY WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE SESSION, ACTIVITIES, AND SITE VISITS WHETHER CAUSED BY THE NEGLIGENCE OF THE COUNTY OR OTHERWISE.

_____ I further agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or cost that may be incurred or sustained due to participation by my minor child, whether caused by negligence or otherwise.

Please note any allergies, medications, or other information needed in an emergency:

_____

_____

_____

Acknowledgment of Parental Authority and Authorization for Minor Participation:

I affirm that I am the parent or legal guardian of the minor child named above and that I have full legal right to consent to and authority to execute this Parent/Guardian Permission Form and Release on behalf of my child. I further authorize the County to obtain medical treatment for my minor child.

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Nothing contained in this Parent/Guardian Permission Form and Release shall be construed as a waiver of any defense or limitation of liability available to County and Releasees under Florida law, including, without limitation, sovereign immunity and the limitations and protections set forth in Section 768.28, Florida Statutes. I acknowledge and understand that Releasees expressly reserve all rights, immunities, and defenses available under federal and state law.

By signing below, I acknowledge that I have carefully read this Parent/Guardian Permission Form and Release, fully understand its terms, understand that I give up substantial rights by signing it, and sign it freely voluntarily without any inducement and agree to be bound by it on behalf of myself and the minor child listed above.

_____ _____

Parent/Guardian – Signature Date

_____

Parent/Guardian's Name – Printed

_____ _____

Student (18 years old) – Signature Date

_____

Student (18 years old) – Name Printed

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____**, 20**, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public, State of Florida
Print Name: _____
My Commission Expires: _____
Commission No.: _____

Model Manatee County Government Civics Education Program

Emergency Contact:

Name: _____
(Please print)

Relationship to Student: _____

Phone Number: _____

Emergency Contact:

Name: _____
(Please print)

Relationship to Student: _____

Phone Number: _____