

Lakeside Ranch Storm Water Treatment Area

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

WHEREAS, _____, (herein after referred to as "PARTICIAN") HAS (Print full name)

Voluntarily requested, from the South Florida Water Management District (herein after referred to as "DISTRICT"), to participate in the following described activities: Audubon of Martin County Tour of Lakeside Ranch STA, the aforementioned activities shall commence on _____, and ending on _____. This release shall extend to all activities which may involve the use of DISTRICT property, and surrounding rights of way owned or occupied by the DISCTRICT; and

WHEREAS, the DISTRICT is willing to allow use of its property, and surrounding rights of way owned or occupied by the DISTRICT to facilitate the above the above identified activities upon the representations and conditions that PARTICIPANT agrees to abide by all safety procedureds, agrees to obey all directions and demands of DISTRICT personnel, if any, and PARTICIPANT specifically acknowledges and assumes any and all risks associated with the above identified activities.

NOW THEREFORE, in consideration of the premises set forth above, I hereby release and agree to indemnify and hold harmless the DISCTRICT (including, but not limited to its Governing Board members, employees, agents, attorneys, legal representatives, and their successors and assigns) from any and all liabilities, personal injuries, claims, damages, attorney's fees, costs, judgments, claims bills, etc. (under the laws off the State of Florida and/or any other State of the United States of America and/or the Government United States of America) attributable, in whole or in part, to the acts, omissions, or negligence of the PARTICIPANT, DISTRICT or any third person that arises out of, or related to the above referenced activities.

Signed and attested to this _____ 20_____, by

(Signature of Participant)

Signature of Witness) 6

(Signature of Parent/Guardian), if under 18

Participants
Address: _____

(Note: When multiple parties are involved in the above described activities, a separate Liability Release must be completed for each, and filed with the DISTRICT prior to the commencement of those activities.)

Participant's
Phone: Home () _____
Business () _____
Cell Phone () _____