

**City of Green Cove Springs Waiver, Release, and Indemnification for  
Use of Augusta Savage Premises, Facilities and Equipment**

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

State: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

In consideration of being permitted to enter now and in the future the City of Green Cove Springs Augusta Savage premises a 5 acre parcel of land located at 415 Lemon Street for any purpose, including but not limited to observation, use of the facilities or equipment, or participation in any way, the undersigned, for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will inspect the Augusta Savage premises and facilities. It is further warranted that such entry into the City of Green Cove Springs Augusta Savage premises for observation, use of the facilities or equipment, or participation in any way, constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected by the undersigned and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation and use outlined herein.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER NOW AND IN THE FUTURE THE CITY OF GREEN COVE SPRINGS AUGUSTA SAVAGE PREMISES FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, hereby releases, waives, discharges and covenants not to sue the City of Green Cove Springs (hereinafter referred to as "City"), its elected officials, officers, employees and agents for all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demand therefore on account of injury to the undersigned's person or property, or resulting in death of the undersigned, whether caused by the negligence of the City or otherwise while the undersigned is in, upon, or about the premises, or using any facilities or equipment thereon; and
2. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, hereby agrees to indemnify, save and hold harmless the City from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the City Augusta Savage premises or in any way observing or using any facilities or equipment of the City, whether caused by the negligence of the City or otherwise; and
3. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the City or otherwise while in, about or upon the Augusta Savage premises of the City, and while using any facilities or equipment thereon; and
4. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, further expressly agrees that the foregoing waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

**ADDITIONAL PROVISIONS:**

The undersigned understands that the City of Green Cove Springs is NOT responsible for personal property which is lost, damaged, or stolen while on the Augusta Savage premises or using facilities or equipment thereon.

The undersigned understands that no accident or medical insurance is provided for Augusta Savage patrons.

**ACCEPTANCE**

I have read, understand and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducements apart from the foregoing written agreement have been made to me by anyone.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian, if applicable

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Children's Names (printed), if applicable:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_