



Jamaican American Association of Central Florida, Inc. (JAAOCF)

PARENTAL CONSENT AND LIABILITY WAIVER

Make Wise Choices: Skate, Don't Vape Program

1. ASSUMPTION OF RISK

I, the undersigned parent or legal guardian, acknowledge that the Make Wise Choices: Skate, Don't Vape program involves outdoor roller-skating activities on public sidewalks, park paths, parking lots, and paved trails, which carry inherent risks of physical injury. I understand that these risks include, but are not limited to: falls, collisions, sprains, fractures, abrasions, and other injuries that may result from participation in skating and related outdoor physical activities. I acknowledge that outdoor conditions such as uneven pavement, weather changes, heat exposure, and interactions with pedestrians and vehicles present additional risks.

2. WAIVER AND RELEASE OF LIABILITY

In consideration of my child being permitted to participate in the Make Wise Choices: Skate, Don't Vape program, I hereby voluntarily release, discharge, and agree to hold harmless the Jamaican American Association of Central Florida, its officers, directors, employees, volunteers, instructors, mentors, agents, and affiliates (collectively, the "Released Parties") from any and all claims, demands, actions, or causes of action arising out of or in connection with my child's participation in the program, including but not limited to any claims for personal injury, illness, death, or property damage, whether caused by negligence of the Released Parties or otherwise.

3. MEDICAL AUTHORIZATION

In the event of a medical emergency involving my child during program activities, I authorize the program staff and volunteers to seek and obtain emergency medical treatment on my child's behalf. I understand that every effort will be made to contact me or my designated emergency contact prior to seeking medical treatment. I agree to be financially responsible for any medical expenses incurred as a result of emergency treatment provided to my child.

4. PROGRAM RULES AND EXPECTATIONS

I understand and agree that my child will:

- Wear all required safety equipment (helmet, knee pads, elbow pads, wrist guards) at all times during skating activities
- Follow all instructions given by program staff, instructors, and mentors
- Treat all participants, staff, and equipment with respect
- Refrain from the use of tobacco, vaping products, alcohol, or illegal substances
- Arrive on time and be picked up promptly at the end of each session

I understand that failure to comply with these rules may result in my child's removal from the program.

5. OUTDOOR PROGRAM ACKNOWLEDGMENT

I understand that this program takes place entirely outdoors on public sidewalks, park paths, and paved trails in the Central Florida area. I acknowledge that sessions may be affected by weather conditions including heat, rain, and thunderstorms. I understand that sessions may be rescheduled or modified due to weather and that the program coordinators will communicate any schedule changes as promptly as possible.

6. PHOTO AND VIDEO CONSENT

I consent to the use of photographs and video recordings of my child taken during program activities for the purposes of program promotion, educational materials, grant reporting, and social media. I understand that my child's image may be used in print and digital materials associated with the Jamaican American Association of Central Florida and the Make Wise Choices: Skate, Don't Vape program.

I CONSENT to photo/video use I DO NOT CONSENT to photo/video use

7. ACKNOWLEDGMENT AND AGREEMENT

By signing below, I acknowledge that I have read, understood, and agree to all of the above terms. I confirm that I am the parent or legal guardian of the participant named below and that I have the legal authority to sign this waiver on their behalf. I understand that this waiver is binding and that I am giving up substantial legal rights by signing it.

SIGNATURES

Participant Name (Print): _____

Date of Birth: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Relationship to Participant: _____

Phone: _____ Email: _____

WITNESS (if applicable)

Witness Name (Print): _____

Witness Signature: _____ Date: _____

This document must be signed and returned before the participant's first session. Please retain a copy for your records. If you have questions, contact the program coordinator at the Jamaican American Association of Central Florida.