



City of Parkland
Senior Recreation Program
10559 Trails End
Parkland, FL 33076
Phone (954)757-4182

PARKS AND RECREATION STAFF:
STAPLE ID HERE

CDBG GRANT FY 2020-2021 GRANT APPLICATION

Please fill out information and include a copy of your driver's license.

Print all information. All participants must be 62 or older & Parkland Resident to participate in program.

Name: _____ DOB: _____

(MM/DD/YR)

Address: _____

City/State: _____ Zip Code: _____

Subdivision/Development: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Gender: _____

Emergency Contact: _____

Phone: _____ Relationship to participant: _____

Physician Name: _____ Phone: _____

Insurance Co., Group #, I.D. #: _____

Allergies, Medical Conditions, etc.: _____

Does the participant have any special needs? YES NO
(If yes, you will be contacted directly)

PLEASE SEE OTHER SIDE

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

This Release of Liability, Hold Harmless and Indemnification Agreement, and Photo Release ("Agreement") is executed by the below-named person, individually or as the parent and/or legal guardian (the "Guardian") of the above-named minor child(ren), (in either case, the "Participant"), in favor of the City of Parkland, Florida and its elected/appointed officials, directors, employees, officers, and agents (the "City"). The Participant is participating in recreational activities and programming sponsored/hosted by the City's Park and Recreation Department. The Participant, and if the Participant is a minor, the Guardian on behalf of Participant, acknowledges and agrees that:

1. Participant is willingly and voluntarily participating in the City's recreational activities and programming with knowledge of the dangers involved. Participant acknowledges that participation in these activities may involve risk to Participant's personal safety and carries with it the potential for injury, death, and property loss. Participant understands that the City makes no guarantees that the City's recreational activities and programming are free of hazards, including by way of example and not limitation, those associated with terrain, facilities, equipment, weather, Participant's personal health, or the actions of others, and makes no guarantee ensuring Participant's personal safety. Participant hereby agrees to expressly assume and accept any and all risks of injury, illness, or death which in any way arise out of such recreational activities and programming.
2. Participant hereby assumes all of the risks of participating in all activities sponsored by the City or visiting City facilities, including but not limited to risks that are both known and unknown, human and environmental, even if such risks arise from Participant's own negligence or the negligence of the City or the negligence of others.
3. Participant agrees to abide by the City's safety policies and procedures, criteria and requirements in addition to all safety instructions and directions provided by City personnel during recreational activities and programming.
4. Participant, for himself/herself and on behalf of his/her beneficiaries, heirs, assigns, personal representatives, and next of kin hereby releases and holds harmless and covenants to defend and indemnify the City with respect to any and all injury, illness, disability, death, loss or damage to Participant or Participant's property arising out of or in any way connected to Participant's participation in City activities or programming or visiting City facilities, whether resulting from Participant's negligent act or omission or the act or omission of any other person or any act or omission of the City, including, but not limited to the negligent acts or omissions of the City .
5. Participant declares himself/herself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent participation in City's recreational activities and programming and have not been advised to not participate by a qualified medical professional.
6. In case of emergency, the City is authorized to seek medical treatment and transportation for Participant from such physicians, hospitals and ambulance services as may be chosen by City in its reasonable discretion (note: the physician(s), hospital(s), and ambulance service(s) selected by the City may not be the Participant's preference). Participant acknowledges that the City has no obligation to seek such treatment or transportation. Participant hereby consents to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the Program. Participant understands that Participant is responsible for furnishing health insurance in case of injury or illness and accepts full financial responsibility for payment of any and all medical services. Participant hereby releases and forever discharges the City from any claim whatsoever that arises or may arise on account of any first aid, treatment or service rendered to Participant in connection with the City, its Parks and Recreation Department, and related programing and activities.
7. Participant also acknowledges that the City and its contractors, partners and/or sponsors may use photographs, video or film for educational, informational or promotional purposes, and Participant hereby grants the City and its contractors, partners and sponsors permission to include images of Participant or Participant's likeness for any purpose with no compensation or liability.
8. Participant agrees to defend, indemnify, and hold the City harmless from and against any and all claims, demands and causes of action of whatsoever kind or nature sustained by the City arising out of, or by reason of, or resulting from the activities and programming contemplated by this Agreement, and from and against any and all resulting losses, costs, expenses, attorney's fees, liabilities, damages, orders, judgments, and decrees in connection with this Agreement and the activities contemplated herein, regardless of City's negligence or the negligence of City's agents, servants or employees.

9. Participant understands that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state of Florida and agrees that if any clause or provision of this Release and Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not affect the remaining provisions of this Release and Waiver.
10. COVID-19 WARNING. NOVEL CORONAVIRUS (“COVID-19”) HAS BEEN DECLARED A WORLDWIDE PANDEMIC BY THE WORLD HEALTH ORGANIZATION. COVID-19 IS EXTREMELY CONTAGIOUS AND IS BELIEVED TO SPREAD MAINLY FROM PERSON-TO-PERSON CONTACT. ALTHOUGH THE CITY HAS PUT IN PLACE PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19, THE CITY CANNOT GUARANTEE THAT PARTICIPANT OR ANY OTHER PERSON, WILL NOT BECOME INFECTED WITH COVID-19. FURTHER, ATTENDING CITY-SPONSORED ACTIVITIES OR VISITING CITY FACILITIES MAY INCREASE PARTICIPANT’S RISK OF CONTRACTING COVID-19. PARTICIPANT ACKNOWLEDGES THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUMES THE RISK THAT PARTICIPANT MAY BE EXPOSED TO OR INFECTED BY COVID-19 BY ATTENDING CITY ACTIVITIES OR VISITING CITY FACILITIES AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND/OR DEATH OF PARTICIPANT OR OTHERS. THE CITY RESERVES THE RIGHT TO REMOVE PARTICIPANT FROM ATTENDING CITY SPONSORED ACTIVITIES IF PARTICIPANT IS SHOWS ANY SIGNS OF COVID-19. IF REQUIRED BY APPLICABLE LOCAL, STATE, OR FEDERAL ORDERS OR REGULATIONS, THE CITY MAY REQUIRE PARTICIPANT TO WEAR CERTAIN PERSONAL PROTECTIVE EQUIPMENT AS A CONDITION OF PARTICIPATION. PARTICIPANT HEREBY WAIVES, RELEASES, AND DISCHARGES THE CITY FROM ANY AND ALL LIABILITY RESULTING FROM OR RELATED TO COVID-19. I FURTHER AGREE TO ABIDE BY THE CENTER FOR DISEASE CONTROL (CDC)'S RECOMMENDATIONS FOR THE PREVENTION OF THE SPREAD OF COVID-19 AND ATTEST TO HAVING READ THE CDC'S GUIDANCE AT: [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/PREPARE/PREVENTION.HTML](https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html).

PARTICIPANT NAME: (Please Print) _____

Participant Signature: _____ **Date:** _____

CDBG FY 2020 – 2021

Grant Application Addendum

1. Select the Ethnicity you best describe with:

- Hispanic
- Non-Hispanic

2. Select the Race you best describe with:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian or other Pacific Islander
- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native/African American
- Other Multi-Racial

3. Select which income best describes your household:

- <30% of area median
- <50% of area median
- <80% of area median