

**CITY OF PORT ST. LUCIE
FITNESS CENTER "POWER LIFTING CONTEST"
WAIVER AND RELEASE FORM**

In consideration for participation in the Power Lifting Contest, I hereby expressly and affirmatively state that I or my child named herein wish to participate in the above stated activity. I realize that participation in this activity involves risk and injury including but not limited to, loss of future earning capacity, loss of or damage to personal property, various degrees in severity of bodily (physical) injury and even the possibility of death. I also recognize that there are many other risks of injury including serious and disabling injuries, which may arise due to my or my child's participation in this activity and that it is not possible to specifically list each and every individual risk. I understand that these risks of injury could arise out of negligent maintenance and/or negligent supervision on the part of the City of Port St. Lucie, its employees, agents and representatives in the operation of the "Power Lifting Contest".

However, knowing the material risk and appreciating, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby, on my behalf or on the behalf of my child, expressly assume all the delineated risks of injury, all other possible risks of injury and even death which could occur by reason of my or my child's participation and for myself, my personal representatives, executors, administrators, heirs, next of kin, successors and assigns, do hereby release, remise, and forever discharge the City of Port St. Lucie, its agents, employees, representatives, successors and assigns of all liabilities, claims, actions, causes of action, suits, damages, costs, or expenses whatsoever, in law or in equity, which I may have or my child may have against them.

I represent that I or my child are in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity or the City of Port St. Lucie to administer any and all available first aid to me or my child, as they deem necessary. I further authorize medical transportation to a medical facility or hospital for the treatment necessary at my expense. This Waiver and Release will apply for each and every day I /my child is engaged in the activity without requiring me to sign an additional form for each day or activity.

This Waiver and Release is governed by the laws of the state of Florida, and exclusive jurisdiction shall be in the Circuit Court of St. Lucie County, Florida. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I have had the opportunity to ask questions. Any questions that I have asked have been answered to my complete satisfaction. I subjectively understand the risk of my or my child's participation in this activity and knowingly and appreciating these risks, I voluntarily participate, assuming all risks of injury or even death, due to my participation or my child's participation.

**I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT.
I VOLUNTARILY AGREE TO ITS TERMS**

Signature of Participant	Date of Birth	Date
--------------------------	---------------	------

Signature of Parent/Legal Guardian (If Participant is under 18)	Date
---	------

In the event of an emergency, please contact	Phone Number
--	--------------

