

CONSENT AND RELEASE FORM

I the undersigned parent or guardian, hereby consent to my child (name): _____
_____, participating in events/activities at Sunday Bluff, LLC during the calendar year of 2011 (two thousand and eleven). I certify that my child is able to participate in these activities and that all questions and concerns I have as a parent/guardian have been addressed and answered to my satisfaction. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize _____ (an adult) to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Paul and Cathy Schmidt, &/or Madeline B. Anderson and the totality of any Trust bearing her name, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

_____ Date: _____
Signature of Parent or Guardian

Medical conditions to be aware of: _____

Telephone number(s) where I may be reached in emergency:

I do not wish my child to participate in the following:
