



**2011-2012 HOG HUNT**

**RELEASE AND WAIVER OF LIABILITY FOR A MINOR CHILD**

I request permission for my child, named below, to participate in hog hunting (Activity) on property owned by the Southwest Florida Water Management District (District).

I fully understand that the Activity is very dangerous. I wish to allow my child to participate in the Activity knowing it to be dangerous. I accept and assume all the risks of injury (including death) to my child or my child's property. I represent and warrant that I have the authority to give this Release and Waiver.

In exchange for my child being permitted to participate in the Activity, for my child, myself, my child's heirs, guardians, and legal representatives, I release and forever discharge and covenant not to sue the District, its agents, employees and officers (Releasees), from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees, that I may have or that may hereafter accrue, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by my child, whether caused by my child's action or negligence or the action or negligence of Releasees or third parties in connection with the Activity. I agree to indemnify and hold Releasees harmless from and against all claims asserted against any of the Releasees by any entity based upon my child's participation in the Activity.

I acknowledge and agree that should any provision or aspect of this Release and Waiver be found to be unenforceable, all remaining provisions of this Release and Waiver will remain in full force and effect. Further, I acknowledge and agree that this Release and Waiver shall be construed pursuant to the laws of the State of Florida and that the venue for any legal proceeding shall be in Hernando County, Florida.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Witnessed

\_\_\_\_\_

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Medical History: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Insurance: \_\_\_\_\_