

**THIS IS A LEGAL DOCUMENT—PLEASE READ CAREFULLY BEFORE SIGNING**

**TIMUCUAN FEDERATION, LLC  
NATIVE SONS & DAUGHTERS  
Waiver of Liability, Release and Hold Harmless Agreement  
(Including Emergency Medical Treatment Authorization)**

I, \_\_\_\_\_, with the consent of my parent or guardian \_\_\_\_\_ (if I am under 18 years of age), desire, on a completely voluntary basis, to participate in one or more activities or events, including but not limited to camping, physical activity, contests, programs, and related activities (collectively the "Activities") sponsored, authorized, hosted or conducted in whole or in part by, or on behalf of, or using the premises, property or vehicles of the Timucuan Federation, LLC ("the Federation"), a local chapter of the National Longhouse, Ltd., Native Sons & Daughters program, whose business address is 3772 Helicon Dr., Jacksonville, FL, 32223. I/We warrant and represent that to the best of my knowledge I am physically fit and fully capable of taking part in the Activities.

I understand that insurance coverage is available through National Longhouse, Ltd., to provide limited coverage under the terms of its policy. I further understand that by execution of this agreement, I have voluntarily chosen not to participate in the insurance program available. I understand that all program activities require a parent or the designee of a parent to be present and responsible for the supervision and protection of all minors who participate in any activities with the Federation or the National Longhouse, Ltd. Neither the Federation nor National Longhouse, Ltd., provide babysitting services or supervision for minors engaged in their programs. All supervision is the responsibility of the parent of the minor, or the designee of the parent.

**I/We further acknowledge and understand that the Activities involve certain inherent risks and dangers that could result in serious harm and/or grievous injuries, including bodily injury, damage to personal property, and even death. On behalf of myself and my heirs, assigns and next of kin, I/We voluntarily assume full responsibility for, and waive all claims for, any and all damages, injuries or death sustained by me or my property that I/We may ever have against the Federation or National Longhouse, Ltd., arising out of my voluntary participation in the Activities.**

**I/We also consent to the receipt of emergency medical treatment in the case of injury or other physical condition requiring immediate medical attention that may arise during or in connection with my participation in the Activities.**

**Is the Participant covered by medical insurance? Yes\_\_\_ No\_\_\_**

**If Yes, please provide the following information:**

**Name of Insurance Provider \_\_\_\_\_**

**Policy No. \_\_\_\_\_ Group No. (if a Group Policy) \_\_\_\_\_**

**Name of the Policyholder \_\_\_\_\_**

**Telephone Number for Claims (\_\_\_\_) \_\_\_\_-\_\_\_\_\_**

**(Please notify Timucuan Federation in writing should this insurance information change.)**

**I/We HEREBY RELEASE, indemnify, hold harmless, covenant not to sue, and forever discharge the Federation and National Longhouse, Ltd., and their agents, employees, officers, volunteers, and other representatives, of and from any and all claims, damages, demands, causes of action and liabilities of every kind or nature, whether known or unknown, at law or in equity, that might arise from my participation in, or travel to or**

from, the Activities. Furthermore, I/We specifically **RELEASE** the Federation and National Longhouse, Ltd., and their agents, employees, officers, volunteers and other representatives from any and all claims related to these events or activities that are based upon their alleged or actual **NEGLIGENCE** and expressly release and waive any and all rights to assert such negligence-related claims.

This Agreement is entered into and will be construed in accordance with the laws of the State of Florida. Any dispute arising under or in connection with this Agreement will be solely and exclusively resolved in an action filed by either party in a court located in Duval County, Florida. The prevailing party in any such litigation will be entitled to recover their reasonable attorney's fees and litigation costs from the non-prevailing party. This Agreement will be effective and remain valid and binding for a term of one (1) year from the date of the Participant's signature shown below, unless replaced prior to such time by a new written agreement signed by the Participant (and Parent/Guardian if applicable).

**IN SIGNING THIS DOCUMENT, I/WE ACKNOWLEDGE AND REPRESENT THAT I/WE HAVE READ THE FOREGOING WAIVER OF LIABILITY, RELEASE AND HOLD HARMLESS AGREEMENT, UNDERSTAND IT, AND SIGN IT VOLUNTARILY AND OF MY/OUR OWN FREE WILL, AND THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT, HAVE BEEN MADE.** In providing this waiver, I/We further acknowledge that the Federation and National Longhouse, Ltd., are not-for-profit organizations on whose behalf a waiver and release of this nature is appropriate and necessary, so that they may continue to offer their involvement with and use of their facilities for the Activities, in a manner that benefits both organizations and the community at large.

**IN WITNESS WHEREOF**, I/We have hereunto provided my/our signature(s) to confirm this agreement on the date(s) shown below.

**PARTICIPANT**

**ALSO AGREED TO & ACKNOWLEDGED  
ON BEHALF OF MINOR (UNDER 18) PERSON  
BY PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**WITNESSED BY:**

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

Timucuan Federation: Received By: _____
Date Received ____ / ____ / ____