



VOLUNTEER...The Best Things in Life are Free! As a volunteer, you are joining the Orange County Parks and Recreation Division at a very exciting time. We have over 100 beautiful parks with amenities that appeal to guests of all ages. A wide range of recreational facilities offer baseball, football, softball, swimming and soccer. Adult, youth and pre-school athletic programs and after school activities enrich family lifestyles. Plus, six state-of-the-art gymnasiums bring professional and amateur sport teams to Orange County where our own youth and adult leagues can be part of the action.

Orange County Parks and Recreation encourages individuals, companies, civic groups and neighborhood associations to volunteer their time at the park of their choice. Rewarding experiences and great friends are made while beautifying parks, maintaining natural areas or working with our neighborhood youth in one of our exciting sports programs such as basketball, football, swimming or soccer. Opportunities to mentor youth in one of our after school programs, coordinate activities for senior programs or even help with setting up special events are all ways where you can get involved with your community park.

BENEFITS OF VOLUNTEERING

- Staff will sign-off on paperwork (provided by the Volunteer) on a daily basis verifying/documenting all community service hours spent with the STARS program.
- Volunteers will receive special training, identification and recognition for their contributions to the community.
- Volunteer Coaches only: Volunteer coaches will receive a Coach t-shirt, whistle and framed picture of their team.
- Knowing that you were part of someone's sense of achievement, a sense of community, and development of Florida's future through its youth, appreciation for nature and sport and good health.

INSTRUCTIONS FOR SUBMISSION

To become an Orange County Parks and Recreation Volunteer, you must complete the Volunteer Application and Background Screening Request Form. Forms must be turned in directly to the park/site at which you wish to volunteer. No volunteer application will be processed without approval from the park/site. Once the application has been processed and the background screening is cleared, volunteer coaches will be issued a volunteer badge with photo ID and length of service, to be worn, along with their coach t-shirt, while volunteering at any OCPR event. This ID must be renewed annually. Special event and continuous service volunteers may be provided with a volunteer T-shirt to be worn while volunteering.



**ORANGE COUNTY GOVERNMENT
HUMAN RESOURCES DIVISION**

Social Security Number Collection Disclosure Statement

Pursuant to Section 119.071(5), Florida Statutes, Orange County Government is requesting your social security number (SSN) for one or more of the following purposes: to comply with federal laws requiring the County to report income and SSNs for all employees and eligible retirees to whom it pays compensation; to maintain internal identification and to track records for use in administering payroll, tax reporting and benefits processing; to verify employment status, history and eligibility; to conduct background checks and drug test screening.

Orange County Government is dedicated to ensuring the proper handling of confidential information relating to its employees and to ensuring their privacy.

VOLUNTEER AGE

Minimum age for un-chaperoned volunteers is 16. If a child under the age of 16 would like to volunteer for any of our programs, they must be accompanied by their parent or legal guardian at all times during their volunteer work. Parents/guardians accompanying minors may also need to complete a Background Screening Request Form.

Minimum age for volunteer coaching positions is 18. Parks Management will approve based on the perceived maturity level and ability to operate under high stress environments.

VOLUNTEER AGREEMENT

Name of Volunteer: _____

Volunteer Position: _____

Location: _____

Supervisor: _____

Date Available to begin service: _____

Thank you for becoming part of a great team of people Serving Together Achieving Recreational Success. We are counting on each other... can you agree to (please initial next to each statement):

1. Volunteer Service

- ____ Arrive on time to my work place,
- ____ Meet my commitments, because someone is counting on me,
- ____ Be courteous to staff, members of the public, and other volunteers,
- ____ Maintain our high standards and our mission:

"We Maintain Beautiful Parks, Preserve the Environment and Provide Exceptional Recreation for the Well-Being of our Communities."

If so, please....

- Complete a Registration/Release form;
- Attend mandatory coaches meetings for youth sports programs;
- Attend training sessions offered by Parks and Recreation;
- Remain with the team for the duration of the season;
- Turn in completed coach evaluations from parents;
- Turn in equipment at the end of the season;
- Turn in Volunteer Photo ID at the conclusion of the season;
- Be reliable in fulfilling your part of any work agreement;
- Seek and accept the guidance and support needed to complete assignments;
- Present a positive public image that speaks well of the park or facility and the Parks & Recreation Division;
- Abide by our non-smoking guideline (*Administrative Regulations Executive Order #10.001*);
- Actively participate as a team member with others on the staff; and
- Abide by the basic operational and safety rules that exist at the park or facility.

2. Safety

- ____ Immediately report all accident or personal safety incidents to the assigned staff or Supervisor,
- ____ Wear appropriate safety protection wear.

3. Communicate

- ____ Notify my supervisor or staff when I can no longer volunteer or cannot report as scheduled.

Name (Print): _____ Signature: _____

Date: _____

Site Copy

VOLUNTEER POSITION DESCRIPTIONS

Choose from one of the following:

___ Youth Sports Coach: To organize and administer all aspects of the program for the assigned sport, working with all staff to provide a quality program and encourage student athletes and parents in both athletic excellence and good sportsmanship.

___ Administrative Assistant: This position consists of clerical work, which involves moderate to complex office skills such as making copies, data entry, greeting guests, answering phones and other duties as assigned.

___ After School Mentor / Tutor: Take the lead in supporting a young person , serve as a positive role model, strive for mutual respect, build self-esteem and motivation, assist student in areas where he or she needs help, help set goals and work toward accomplishing them.

___ Special Events Volunteer: This position consists of assisting Recreation staff with the registration of participants, setting up and breaking down of necessary equipment, completing surveys, and other duties as assigned.

___ Park Beautification Volunteer: Assist Staff with ongoing park beautification projects.

___ Campground Host: Assist in campground public relations, events and activities, perform light maintenance and janitorial and serve as initial point of contact for afterhours and overnight camper emergencies.

List three references (may be from previous jobs):

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Volunteer Application

4801 W. Colonial Drive
Orlando, FL 32808
Telephone: 407-836-6200

Please Print Legibly

First Name: _____ M.I.: _____ Last Name: _____
Address: _____ City: _____
State: _____ ZIP: _____ Cell Phone: _____
Fax#: _____ Home Phone: _____ Work Phone: _____
Email Address: _____
Emergency Contact Name and Number: _____

Education:

- ☐ High School or GED ☐ Some College ☐ 2 Yrs of College
- ☐ Windows ☐ Access ☐ Excel
- ☐ Outlook ☐ PowerPoint ☐ Word Typing _____ WPM
- ☐ Child Development Association ☐ CPR

Driver's License:

- ☐ Operator ☐ CDL A ☐ CDL B ☐ CDL C
- ☐ Spanish ☐ Portuguese ☐ Sign Language ☐ Other (Specify): _____

Any Physical or Health Restrictions (*Specify*): _____

Please list any relevant volunteer or work experience: _____

Availability: Start Date: _____ **Number of Hours Per Day:** _____

Schedule available each week. Indicate time available each day:

_____ **Sunday** _____ **Monday** _____ **Tuesday** _____ **Wednesday**

_____ **Thursday** _____ **Friday** _____ **Saturday**

If applying to coach, please list position and season for which you are volunteering

Park Site: _____

Position: _____ **Preferred Player Ages:** _____

Sport: _____ **Season:** _____

Declared "friend" player (coaches may request one "friend" player be assigned to his/her team once that player has completed registration): _____

Site Copy

ORANGE COUNTY PARKS AND RECREATION DIVISION

Background Screening Request Form

Applicant Name (Please Print): _____

_____ Last
_____ First
_____ Middle

Please List All Other Names You Have Used: (i.e. Alias, Maiden)

1. _____ 2. _____

Social Security Number: _____ - _____ - _____ (Required) Date of Birth: _____ / _____ / _____ (Required)

Email Address: _____ (Required) _____ Month _____ Day _____ Year

Race: ☐ Black ☐ White ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian ☐ Other **Sex:** ☐ Male ☐ Female

Present Address (No P.O. Box addresses): _____ Phone# _____

City: _____ State: _____ Zip: _____

Have you ever been convicted or arrested of a MISDEMEANOR or FELONY other than minor traffic violations and/or placed on probation, fined or given a suspended sentence in court? Include any convictions by military trial and any criminal charges which you are awaiting trial. List all cases other than minor traffic violations. Driving under the influence, reckless, and/or hit-and-run charges are not minor traffic violations. Your fingerprints may, at some point, be sent to State and Federal agencies and all service will be subject to satisfactory review of any criminal convictions. PLEASE NOTE: A full disclosure by you is to your advantage, as your record does not constitute an automatic bar to service. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. *FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION.* ☐ **YES** ☐ **NO**

I understand the above information is true and will be utilized to determine eligibility for employment or providing a service with Orange County Parks and Recreation Division.

Applicant Signature

Print Name

Date

In order to provide a safe and secure atmosphere for our community, all volunteers, employees, and contractors shall be screened. Bi-annual checks will be completed on all Temporary staff employed by Orange County Parks and Recreation. The Parks and Recreation Division will incur all costs of the background screenings. All information received from the background check applications and reports will be used for the purpose of determining applicant's eligibility as an employee, contractor, volunteer or participant with Orange County Parks and Recreation. All arrests and convictions will be examined in order to determine whether the incident is related to the volunteer position. In these situations eligibility determinations are based on a minimum of the last five years. The Orange County Parks and Recreation Division reserves the right to make changes to the Background Screening Eligibility Criteria whenever deemed necessary for the safety and protection of our community without notification to the applicant.

Eligibility Criteria NO Student Intern, Contractor, Casual labor, Volunteer or On Call Applicant will be accepted who has been:

- A. Arrested or convicted of any crime involving sexual misconduct with or against a minor.
- B. Arrested or convicted for any type of violent crime.
- C. Arrested or convicted of any crime involving illegal drugs or alcohol
- D. Arrested or convicted of child abuse or domestic violence.

For Volunteers Only: If a volunteer is turned away and desires to appeal the decision, the process is as follows: Any volunteer denied work with Orange County Parks and Recreation may appeal in writing to the Division Manager for reconsideration. The volunteer must be willing to produce and discuss his or her record(s).

(Check one): ☐ **Employment** ☐ **Vendor** ☐ **Instructor** ☐ **Volunteer** ☐ **Returning Volunteer**

Sport _____ Season _____ Age Group _____

of Teams _____ Asst or Head _____ Pref Practice Day _____

ADMINISTRATION USE ONLY

Site Location: _____
 Site Supervisor Approval: _____
 Program Manager Approval: _____
 Program: _____ Season: _____
 Receive Date: _____

REVISED

6.19.2020

Admin Copy

HUMAN RESOURCE USE ONLY

Receive Date: _____
 Submission Date: _____
 Retrieval Date: _____
 Results: Pass Fail Date: _____



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Orange County Parks and Recreation, the "Company," may obtain information about you from a third party consumer reporting agency for participation purposes. A consumer report is a compilation of information that might affect your ability to participate with the Company. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history (including income), or other background checks. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by the National Center for Safety Initiatives (NCSI); 1853 Piedmont Road Suite 100, Marietta, GA 30066; tel. # 866-996-7412; www.solutions.ncsisafe.com. To the extent permitted by law, the Company may obtain consumer reports from any outside organization throughout the course of your participation.

Acknowledgement and Authorization

I have carefully read and understand the Disclosure regarding procurement of consumer reports provided by Orange County Parks and Recreation ("COMPANY") and this Authorization to obtain a consumer report. A consumer report is a compilation of information that might affect your ability to participate with the Company. By my signature below, I hereby consent to the preparation by the National Center for Safety Initiatives (NCSI), a consumer reporting agency located at 1853 Piedmont Road Suite 100, Marietta, GA 30066; tel. #866-996-7412; www.solutions.ncsisafe.com, of background reports regarding me and the release of such reports to the Company and its designated representatives, to assist the Company in making a participation decision involving me at any time after receipt of this authorization and throughout my participation engagement, to the extent permitted by law. By my signature below, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to NCSI and/or the Company itself and authorize NCSI to provide such information to the Company. I further certify the information provided on and in connection with this form is true, accurate and complete. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Applicant Name (First, Full Middle, Last)

Applicant Signature

Today's Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- ☐ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ☐ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- ☐ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ☐ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- ☐ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- ☐ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ☐ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ☐ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- ☐ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- ☐ The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

☐ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

☐ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

- a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
- b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.
- c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
- d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to the Surface Transportation Board

5. Creditors Subject to the Packers and Stockyards Act, 1921
6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street, N.W.
Washington, DC 20552
b. Federal Trade Commission
Consumer Response Center
600 Pennsylvania Avenue, N.W.
Washington, DC 20580
(877) 382-4357
a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480
c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
d. National Credit Union Administration
Office of Consumer Financial Protection (OCFP)
Division of Consumer Compliance Policy and Outreach 1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, S.E.
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street, S.W.
Washington, DC 20423
Nearest Packers and Stockyards Administration area supervisor
Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, S.W., Suite 8200
Washington, DC 20416
Securities and Exchange Commission
100 F Street, N.E.
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
Federal Trade Commission
Consumer Response Center
600 Pennsylvania Avenue, N.W.
Washington, DC 20580
(877) 382-4357

Registration Card / Tarjeta de Registración

For Office Use Only: Additional Forms ☐ YES ☐ NO

☐ ORANGE COUNTY RESIDENT ☐ NON RESIDENT

PARTICIPANT'S NAME / NOMBRE DE PARTICIPANTE

FIRST NAME / DENOMINE PRIMERO

LAST NAME / DURE EL NOMBRE

M.I.

DATE OF BIRTH / FECHA DE NACIMIENTO

MONTH / DAY / YEAR

PARK NAME & PROGRAM NAME / EL NOMBRE DEL PARQUE AND NOMBRE DE PROGRAMA

PROGRAM START & END DATES / FECHA DE COMIENZO Y COLMINACIÓN DEL PROGRAMA

MONTH / DAY / YEAR

MONTH / DAY / YEAR

STREET ADDRESS / DIRECCIÓN POSTAL

CITY / CIUDAD

STATE / ESTADO ZIP / CÓDIGO POSTAL

PHONE NUMBER / NÚMERO DE TELÉFONO

E-MAIL / CORREO ELECTRÓNICO

() - -

SCHOOL ATTENDING / ESCUELA A LA CUAL ASISTE

GRADE AGE / EDAD

☐ MALE / MASCULINO

☐ FEMALE / FEMENINA

PARENT / LEGAL GUARDIAN / PADRES / TUTOR LEGAL

RELATIONSHIP / RELACIÓN

HOME PHONE / NÚMERO DE TELÉFONO DE LA CASA

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FATHER'S / GUARDIAN'S WORK PHONE / TELÉFONO DEL TRABAJO DEL PADRE

MOTHER'S / GUARDIAN'S WORK PHONE / TELÉFONO DE TRABAJO DE LA MADRE/ TUTORA

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LIST ANY ACTIVITIES IN WHICH YOU / YOUR CHILD IS UNABLE TO PARTICIPATE / LISTA CUALQUIER ACTIVIDAD EN LAS QUE SU NIÑO NO PUEDE DE PARTICIPAR

EMERGENCY CONTACT INFORMATION / INFORMACIÓN DE EMERGENCIA MEDICA

PARENT / LEGAL GUARDIAN / PADRES / TUTOR LEGAL

RELATIONSHIP / RELACIÓN

WORK PHONE / TELÉFONO DE TRABAJO

OTHER PHONE / OTRO NÚMERO DE TELÉFONO

() - -

EMERGENCY CONTACT NAME / NOMBRE DE CONTACTO DE EMERGENCIA

RELATIONSHIP / RELACIÓN

WORK PHONE / TELÉFONO DE TRABAJO

OTHER PHONE / OTRO NÚMERO DE TELÉFONO

() - -

EMERGENCY CONTACT NAME / NOMBRE DE CONTACTO DE EMERGENCIA

RELATIONSHIP / RELACIÓN

WORK PHONE / TELÉFONO DE TRABAJO

OTHER PHONE / OTRO NÚMERO DE TELÉFONO

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NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ORANGE COUNTY USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ORANGE COUNTY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ORANGE COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

SIGNATURE REQUIRED OF ALL PARTICIPANTS

Signature of Parent/Legal Guardian (if under 18)

Firma de Padres/Guardian (Si menor de dieciocho años)

10/14



Original - Site/Copy - Customer

DATE / Fecha

PARTICIPANT CONSENT RELEASE

I (OR MY CHILD/REN) AM VOLUNTARILY PARTICIPATING IN THIS PROGRAM, CLASS OR EVENT WRITTEN ABOVE. IN RETURN FOR THE OPPORTUNITY TO PARTICIPATE, I VOLUNTARILY FOR MYSELF (OR MY CHILD/REN) WAIVE, RELEASE, INDEMNIFY AND HOLD HARMLESS ORANGE COUNTY AND ITS OFFICERS AND EMPLOYEES FROM ANY LIABILITIES, CLAIMS, DAMAGES, INJURIES, LOSSES, AND EXPENSES INCLUDING REASONABLE ATTORNEYS FEES AND COST WHATSOEVER, INCLUDING THOSE FOR PERSONAL INJURY, DEATH OR PROPERTY DAMAGE, WHICH MAY ARISE FROM OR IN CONNECTION WITH PARTICIPATION IN THIS PROGRAM, CLASS OR EVENT.

IF THIS REGISTRATION IS FOR ONE OF MY MINOR CHILDREN, I HEREBY CONSENT TO EMERGENCY TREATMENT AND TRANSPORTATION OF MY MINOR CHILD FOR ANY CONDITION WHICH MAY ARISE DURING, FROM OR IN CONNECTION WITH PARTICIPATION IN THIS PROGRAM, CLASS OR EVENT AND I SHALL BE RESPONSIBLE FOR THE PAYMENT OF ALL COSTS ASSOCIATED WITH SUCH EMERGENCY TREATMENT OR TRANSPORTATION.

FURTHER, I HEREBY GIVE PERMISSION TO ORANGE COUNTY TO USE ANY PHOTOGRAPHS TAKEN BY THE COUNTY, ITS OFFICERS, EMPLOYEES, OR AGENTS, OF EITHER ME OR MY CHILD/REN DURING PARTICIPATION IN THIS PROGRAM, CLASS OR EVENT. I AGREE SUCH PHOTOGRAPHS SHALL BE THE PROPERTY OF ORANGE COUNTY AND I AM NOT ENTITLED TO COMPENSATION OF ANY KIND FOR THE USE OF SUCH PHOTOGRAPHS.

I AGREE TO ABIDE BY ALL COUNTY ORDINANCES AND PARKS & RECREATION RULES AND REGULATIONS, AND UNDERSTAND THAT ORANGE COUNTY HAS THE RIGHT TO CLOSE REGISTRATION AND TO CHANGE FEES AND REQUIREMENTS WHEN NECESSARY. THIS RELEASE SHALL REMAIN IN EFFECT UNTIL CANCELED IN WRITING.

VEA EL LADO REVERSO →

AVISO AL GUARDIAN NATURAL DE EL/LA MENOR

LEA ESTE DOCUMENTO CUIDADOSA Y COMPLETAMENTE. USTED ESTÁ ACORDANDO EN DEJAR A SU NIÑO MENOR DE EDAD PARTICIPAR EN UNA ACTIVIDAD POTENCIALMENTE PELIGROSA. USTED ESTÁ ACORDANDO QUE, INCLUSO SI ORANGE COUNTY, FLORIDA EMPLEA UN CUIDADO RASONABLE AL PARTICIPAR EN ÉSTA ACTIVIDAD, HAY UN CHANCE DE QUE SU NIÑO PUEDA SER HERIDO SERIAMENTE O FALLECER POR PARTICIPAR EN ÉSTA ACTIVIDAD PORQUE HAY CIERTOS PELIGROS INHERENTES EN LA ACTIVIDAD QUE NO PUEDEN SER EVITADOS O ELIMINADOS. AL FIRMAR ESTE DOCUMENTO USTED ESTÁ RENUNCIANDO LOS DERECHOS DE SU NIÑO Y SU DERECHO DE RECIBIR COMPENSACIÓN DE PARTE ORANGE COUNTY, FLORIDA EN UNA DEMANDA LEGAL POR DAÑOS PERSONALES, INCLUYENDO FALLECIMIENTO, DE SU NIÑO O CUALQUIER DAÑO A LA PROPIEDAD QUE RESULTE DE LOS RIESGOS QUE FORMAN PARTE HABITUAL DE LA ACTIVIDAD. USTED TIENE EL DERECHO DE NEGARSE A FIRMAR ESTE DOCUMENTO, ORANGE COUNTY, FLORIDA TIENE EL DERECHO DE NEGARLE PARTICIPACIÓN A SU NIÑO SI USTED NO FIRMA ESTE DOCUMENTO.

CONSENTIMIENTO DE LIBERACIÓN DE PARTICIPANTE

YO (O MI HIJO(A)/OS) ESTOY VOLUNTARIAMENTE PARTICIPANDO EN ESTE PROGRAMA, CLASE, O EVENTO ANTERIORMENTE DESCRITO. A CAMBIO, DE LA OPORTUNIDAD DE PARTICIPAR, VOLUNTARIAMENTE (O A NOMBRE DE MI HIJO(A)/OS) RENUNCIO, LIBERO, ASEGURO, Y MANTENGO LIBRE AL CONDADO DE ORANGE, A SUS OFICIALES, Y EMPLEADOS, DE TODA RESPONSABILIDAD RECLAMACIÓN, DAÑOS, HERIDAS, PÉRDIDAS PERSONALES Y GASTOS, INCLUSO COSTOS RAZONABLES DE ABOGADOS, INCLUYENDO HERIDAS FÍSICAS, MUERTE O DAÑOS A LA PROPIEDAD, QUE PUEDAN SURGIR DE, O EN CONEXIÓN CON, LA PARTICIPACIÓN EN ESTE PROGRAMA, CLASE, O EVENTO.

SI ESTA REGISTRACIÓN ES PARA UNO DE MIS HIJOS MENORES, AUTORIZO TRATAMIENTO DE EMERGENCIA Y TRANSPORTACIÓN DE MI HIJO(A)/OS MENOR POR CUALQUIER CONDICIÓN QUE PUEDA OCURRIR DURANTE, DE O EN CONEXIÓN CON LA PARTICIPACIÓN EN ESTE PROGRAMA, CLASE, O EVENTO. ACEPTO LA RESPONSABILIDAD DE PAGAR EL COSTO ASOCIADO CON EL TRATAMIENTO DE EMERGENCIA O TRANSPORTACIÓN.

TAMBIÉN DOY PERMISO AL CONDADO DE ORANGE DE USAR CUALQUIER FOTOGRAFÍA DE MI HIJO(A)/OS TOMADA POR EL CONDADO DE ORANGE, SUS OFICIALES, EMPLEADOS, O AGENTES, DURANTE LA PARTICIPACIÓN EN ESTE PROGRAMA, CLASE, O EVENTO. ESTOY DE ACUERDO QUE LAS FOTOGRAFÍAS SON PROPIEDAD DEL CONDADO DE ORANGE Y NO SERÉ COMPENSADO(A) EN FORMA ALGUNA POR EL USO DE ELLAS.

ACEPTO CUMPLIR CON TODAS LAS ORDENANZAS, REGLAS, Y REGULACIONES DEL CONDADO Y LA DIVISIÓN DE PARQUES Y RECREACIÓN, Y ENTIENDO QUE EL CONDADO ORANGE TIENE EL DEBER DE CERRAR REGISTRACIÓN Y CAMBIAR LOS COSTOS Y REQUISITOS CUANDO SEA NECESARIO. ESTA DECLARACIÓN SE MANTENDRÁ EN EFECTO HASTA QUE SEA CANCELADA POR ESCRITO.

Demographic Information

Last Name:

First:

Middle:

Current Address

City

State

Zip

Date of Birth:
(ex. MM/DD/YYYY)

Social Security #:

Gender/Race:
(M/W for Male/White)

Email Address:

All fields must be completed

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