

**CITY OF POMPANO BEACH – JR. LIFEGUARD PROGRAM  
AUTHORIZATION, WAIVER AND RELEASE**

For and in consideration of the participation in the Junior Lifeguard Program of the City of Pompano Beach, I acknowledge and agree that:

1. The City of Pompano Beach does not maintain health insurance for injuries to the junior lifeguard participants that may arise out of involvement in the Junior Lifeguard Program;
2. By virtue of my participation I risk bodily injury, including paralysis, dismemberment, and death, and other loss including damage to property;
3. I knowingly and freely assume all such risk;
4. Said participant shall engage in various physical activities on the beaches and in the waters of the Atlantic Ocean and/or in swimming pools. I (we), the undersigned parent(s)/guardian(s) do release, hold harmless and promise not to sue the City of Pompano Beach, its officers, agents, employees, representatives or commission, with respect to any and all such injury, paralysis, dismemberment, property damage, death or loss.
5. I will inform my child that he/she must follow all Junior Lifeguard Program safety rules as well as any other rules for directions given during participation in the Program. My child and I (we) realize that participation in all Junior Lifeguard Program activities are voluntary.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Date of Birth

This is to certify that I \_\_\_\_\_ am the parent or legal guardian of the above-listed minor child, and being fully aware of the activities of the Junior Lifeguard Program and the risks involved to its participants, AUTHORIZE the participation of the child in said program. Furthermore, I do CONSENT to his/her Waiver and Release as set forth above.

\_\_\_\_\_  
Parent and/or Legal Guardian

\_\_\_\_\_  
Date

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**AUTHORIZATION FOR MEDICAL TREATMENT OF PROGRAM PARTICIPANT**

As Parent and/or Legal Guardian of \_\_\_\_\_, I hereby give authorization to a physician, paramedic, surgeon or licensed practitioner of medicine to give care and/or emergency medical treatment to \_\_\_\_\_ when/if necessary, while he/she is enrolled and/or participating in the Junior Lifeguard Program sponsored by the City of Pompano Beach.

I understand and agree that any expenditure incurred for the care and transportation of the above named minor is my responsibility.

\_\_\_\_\_  
Parent and/or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number