

CITY OF CLEARWATER

NORTH WARD ELEMENTARY SCHOOL COMMUNITY EVENT ACKNOWLEDGMENT OF FACILITY CONDITIONS, RELEASE OF LIABILITY, PHOTO RELEASE, AND MEDICAL CONSENT

Event Date: July 30, 2026

Participant Name: _____

Phone Number (Optional): _____

Email Address (Optional): _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

PURPOSE OF VISIT

I understand that I am voluntarily participating in the North Ward Elementary School Community Event and entering the North Ward facility for a guided or self-guided tour.

ACKNOWLEDGMENT OF FACILITY CONDITIONS

I acknowledge and understand that the North Ward facility is an older structure and is not currently accessible in accordance with the accessibility standards of the Americans with Disabilities Act (ADA).

I further acknowledge that:

- The facility is not ADA accessible.
- Certain areas may only be accessible by stairs and others may not be available at all.
- Walking surfaces may be uneven or include changes in elevation.
- Portions of the facility may contain conditions commonly associated with older buildings.

I understand that individuals requiring ADA accommodations may not be able to access all portions of the facility.

ASSUMPTION OF RISK

I voluntarily choose to enter and tour the facility and assume all risks associated with my participation, including but not limited to risks arising from walking, climbing stairs, changes in elevation, uneven surfaces, and other conditions associated with touring an older building.

I agree to exercise reasonable care for my own safety and to follow all instructions provided by City staff, volunteers, event personnel, and tour guides.

CITY OF CLEARWATER

RELEASE OF LIABILITY

To the fullest extent permitted by law, I release, waive, and discharge the City of Clearwater, its officers, employees, volunteers, agents, and representatives from any and all claims, demands, damages, causes of action, or liabilities arising from or related to my participation in the North Ward Elementary School Community Event, except as otherwise provided by Florida law.

I acknowledge that this release applies only to my voluntary participation in the event and my entry into the facility.

MEDICAL CONSENT

In the event of an illness, injury, accident, or medical emergency during my participation in the event, I authorize emergency medical personnel to provide treatment deemed necessary. I understand that I am responsible for any costs associated with such treatment.

PHOTO AND MEDIA RELEASE

I understand that photographs, video recordings, and other media may be captured during the event. By signing this document, I grant the City of Clearwater permission to use my likeness, image, voice, and appearance in photographs, video recordings, publications, websites, social media, promotional materials, educational materials, and other City communications without compensation or further authorization.

CERTIFICATION

I have carefully read this Acknowledgment of Facility Conditions, Release of Liability, Photo Release, and Medical Consent. I understand its contents and sign it voluntarily. Digital signatures are not permitted for this form; please sign by hand.

Participant Signature: _____

Printed Name: _____

Date: _____

If participant is under 18 years of age:

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____