



Orlando Polish Center - Polish Language School

ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY, AND PARTICIPANT AGREEMENT

In consideration of being allowed to enter and participate in activities of the **Orlando Polish Center (OPC)** the undersigned, on his or her behalf, and on behalf of the participant(s) identified below, acknowledges, appreciates, and agrees to the following conditions:

I _____ am aware that participating in activities, parties, and/or use of the **OPC** meeting areas and equipment creates a risk of injury, and I freely assume all such risks both known and unknown even if arising from the negligence of others. I AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE AND HOLD HARMLESS ORLANDO POLISH CENTER, their principals, officers, owners, employees, equipment manufacturers, from any claims, damages, (including medical fees, attorney fees), injuries (including disabilities, paralysis, and death) and expenses arising out of or resulting from my voluntary attendance/participation at **OPC** or the voluntary attendance/participation of those for whom I have signed below.

I willingly agree to comply with the stated, customary, posted terms, rules, verbal instructions, and conditions for attendance/participation. I warrant and certify that all participants are physically fit and able to participate in all activities at **OPC**.

I have carefully read the above participation agreement, assumption of risk acknowledgement and release of liability. I hereby agree to be bound by it for myself, and fully understand its contents.

Participant Name

- 1)
- 2)
- 3)

Participant Signatures

- 1)
- 2)
- 3)

EMERGENCY CONTACT AND PHONE

_____ DATE _____



Orlando Polish Cultural and Educational Center, Inc.

OrlandoPolishCenter@gmail.com

Orlando Polish Center - Polish Language School

PARTICIPANT AGREEMENT

In consideration of being allowed to enter and participate in activities of the *Orlando Polish Center (OPC)* the undersigned, on his or her behalf, and on behalf of the participant(s) identified below, acknowledges, appreciates, and agrees to the following conditions:

- I AGREE TO INFORM THE DESIGNATED ORLANDO POLISH CENTER STAFF ABOUT ANY MEDICAL CONDITIONS OF NAMED BELOW PARTICIPANT(S) SUCH AS KNOWN ALLERGIES OR ILLNESS PRIOR TO PARTICIPATION IN SCHOOL ACTIVITIES
- I AGREE TO RESPECT ALL PROPERTY, RULES AND VALUES OF ORLANDO POLISH CENTER

I _____ have carefully read the above participation agreement. I hereby agree to be bound by it for myself and all participants listed below, and fully understand its contents.

Participant Name

- 1)
- 2)
- 3)

Participant Signatures

- 1)
- 2)
- 3)

EMERGENCY CONTACT AND PHONE

_____ DATE _____