

**NOTARIZE THIS PAGE AND RETURN WITH APPLICATION PAGE**  
**2024 RELEASE AND INDEMNIFICATION**

I, \_\_\_\_\_ (Parent/Guardian) have enrolled myself/my child(ren) \_\_\_\_\_, to participate in the Float 'n' Stroke Aquatic Program being offered by Delores C. Smith, located at 13400 73rd Ave. N., Seminole, Florida and Danyielle Gomez-Nieto, do hereby agree as follows:

1. I fully recognize the risks of injury or illness inherent in participation in any aquatic program, and I represent to Delores Smith and her instructors and assistants that I have consulted my child's personal physician or other health authority and I am/my child is physically capable of participating in such a program.
2. I release Daniel C. Smith, Delores C. Smith, and their daughters, Danyielle C. Gomez-Nieto and Dyonna C. Dierks, and any and all instructors and assistants from any and all liability of any kind or nature in connection with my child's participation in the Float 'n' Stroke Aquatic Program.
3. I further indemnify and hold harmless Daniel C. Smith, Delores C. Smith, Danyielle C. Gomez-Nieto, Dyonna C. Dierks, and any and all instructors and assistants from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever including attorney's fees and costs, which might arise from my/my child's participation in this aquatic program.
4. I hereby execute and deliver this Release and Indemnification to Delores C. Smith and induce Delores C. Smith to permit my/my child's participation at my own risk and without any representations of any kind or character having been made by Daniel C. Smith, Delores C. Smith, Danyielle C. Gomez-Nieto, Dyonna C. Dierks, or any and all instructors and assistants.
5. Parent supervision is required on the playground at all times. Parents/guardians must supervise and assume full risk, responsibility and liability for children while on the premises. I understand and acknowledge that the activities which I or my children engage, bears certain known risks and unanticipated risk could result in injury, death, illness or disease, physical or mental, or damage to myself, or to spectators or third-parties.
6. I acknowledge that I have read, know, and agree to all of the policies and procedures relating to the use of the Float 'n' Stroke facilities. I agree to comply with all rules, regulations, and policies.

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_ (covering participant)

Physical/Mental Limitations: \_\_\_\_\_ Known allergies: \_\_\_\_\_

I (give/do not give) permission for Float 'n' Stroke to use my child's photograph on their website, [www.floatnstroke.com](http://www.floatnstroke.com).

In case of parent/guardian absence and in the event of an emergency, I hereby give consent for myself/my child to be transported by ambulance, if needed, to any emergency facility, and to be administered any necessary treatment by an emergency physician. I further affirm that all the above information is correct and complete to the best of my knowledge.

\_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by means of

- physical presence or  online notarization \_\_\_\_\_ (name of person acknowledging).
- personally known to me
- produced identification  
type of identification produced \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary name (typed or printed) \_\_\_\_\_ (Place Notary Stamp Above)