



DEERING ESTATE AT CUTLER

SCHOOL YARD SCIENCE ECO-ACADEMY AFTER SCHOOL PROGRAM REGISTRATION FORM

PLEASE ATTACH LIABILITY FORMS

Parent's Name			
Participant's Name	Last Name:	First Name:	Initial:
Age (if minor): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Special Need: <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:		
Mailing Address			
Phone / Fax			
Email or website			

Does your child have any medical condition (s) we should be aware of? Yes No
Explain:

Any additional information (i.e. medications, allergies, dietary needs):

Emergency Contact 1	Name	Phone:
Emergency Contact 2	Name	Phone:

Sessions: Fridays, 4:00—6:00 pm	Environmental Sciences (Sept 11-Oct 9) Marine Biology (Oct 16-Nov 13) Archaeology (Nov 20-Dec 18; 4 weeks)	Geology (Jan 8-Feb 5) Nature Photography (Feb 12-Mar 12) Ecology (Mar 19-April16)
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\$25 per participant per 5 week session: Environmental Sciences, Marine Biology, Archaeology (4 weeks—\$20), Geology, Nature Photography, Ecology.

\$10 Annual Registration Fee per participant.

Minimum 20 students/parent educators per class, maximum of 30.

Registration forms and fees are due BEFORE class start date/time. No same day registrations.

\$10 Single Class/Single Participant Guest Fee. Arrangements for guest attendance must be made in advance due to limited class space.

Classroom materials and on-site resources are available to registered participants on a limited basis before, during or after class times...on the day of the scheduled class.

PAYMENT INFORMATION (checks payable to Miami Dade County)

Annual Registration Fee	<input type="checkbox"/> \$10 per participant
Session Fee	<input type="checkbox"/> \$25* per # _____ participants = \$ _____ *Archaeology 4-wk Session—\$20
Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card

Return to	The Deering Estate at Cutler, 16701 SW 72 Avenue, Miami, Florida 33157
	FAX: (305) 254-5866, PHONE: (305) 235-1668, ext. 233, WEBSITE: www.deeringestate.org

All classes taught on-site at the Deering Estate at Cutler.
Please check in at the Main Gate, then proceed to the Classroom.



Miami-Dade County Park and Recreation Department Registration and Release of Liability

PLEASE READ BEFORE SIGNING

**Between Miami-Dade County Park and Recreation Department and
LESSEE/PARTICIPANT:**

Name of Participant _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: () _____ Ext. _____ Number in Party: _____

E-mail: _____

Driver's License # _____ Expires: _____

Medical Information:

Please describe any existing medical condition(s): _____

Please list any medication(s) being taken:

Please list any known allergies:

Emergency Contact:

Name: _____ Relationship: _____

Phone Numbers: _____

Release of Liability

In consideration of being permitted to participate in any way Miami-Dade County Park and Recreation Department's canoe, kayak, or bicycle guided tours, and related activities, I, _____, the participant, acknowledge, appreciate and agree that:

- 1) The risk of injury from the activities involved in this program/rental is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. This risk includes but is not limited to my riding on any canoes, kayaks, bikes, and/or participating on guided tours.
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM MY OWN NEGLIGENCE, OR THE NEGLIGENCE OF OTHERS, INCLUDING MIAMI-DADE COUNTY, and assume full responsibility for any loss, damage, injury, or death arising out of my participation.
- 3) I willingly agree to comply with the stated rules and regulations for my participation. If I observe any unusual, significant hazards during my presence or participation, I will remove myself from participation and immediately will bring such to the attention of the County or Park employee or official.
- 4) I WILL NOTIFY THE TOUR GUIDE (COUNTY EMPLOYEE), OF ANY ACCIDENTS OR PHYSICAL BODILY INJURY WHERE A PERSON IS HURT AND NEEDS MEDICAL ATTENTION.

5) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin; HEREBY RELEASE AND HOLD HARMLESS MIAMI-DADE COUNTY AND THE PARK & RECREATION DEPARTMENT, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and lesser of the premises ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY ARISING OUT OF OR IN ANY WAY CONNECTED TO MY PARTICIPATION IN TOURS, OR USE OF CANOES, KAYAKS, SNORKELING GEAR, AND/OR BIKES, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I FURTHER AND SPECIFICALLY AGREE TO WAIVE ALL RIGHTS OR CLAIMS FOR DAMAGES, LOSS, INJURY OR DEATH, LEGAL OR EQUITABLE, ARISING OUT OF ANY INTENTIONAL OR NEGLIGENT ACTS OR OMISSIONS BY ME, ANY OTHER PARTICIPANT OR PATRON OF THE TOUR, OR ANY OFFICER, EMPLOYEE, OR AGENT OF MIAMI-DADE COUNTY ARISING OUT OF OR IN ANY WAY CONNECTED TO MY PARTICIPATION IN THE TOUR/OR RELATED ACTIVITY.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND SIGN IT FREELY AND VOLUNTARILY WITH OUT ANY INDUCEMENT.

X _____ Age _____ DATE SIGNED _____
 PARTICIPANT

X _____
 PARENT OR LEGAL GUARDIAN IF PARICIPANT IS UNDER 18 YEARS OF AGE

DATE SIGNED _____

FOR PARTICIPANT OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This to certify that I, as parent/guardian with legal responsibility for this Participant, have read and fully understand that the attached waiver and release of liability, and do consent and agree on behalf of the named participant and his or her heirs assigns, next of kin, and myself, to release the Releasees from any and all liabilities incident to my minor child's involvement or participation in the canoe, kayak, snorkeling, or bike tour, as more fully and explicitly provided in the attached waiver and release form, - EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY THE LAW.

I further warrant and represent that I am the parent or legal guardian of the Participant. In the event that I am the only parent or guardian signing this form for and on behalf of the Participant, I warrant and represent that I have the full legal authority to do so without the approval of any other parent or legal guardian of the Participant.

X _____
 Parent/Guardian's Signature Emergency Phone # Date Signed



DEERING ESTATE AT CUTLER

IMPORTANT INFORMATION FOR PARENT EDUCATORS AND STUDENTS.

- Parent Educators and Students are expected to bring a refillable water bottle, sunscreen, bug spray, hat and/or sunglasses for every day of the session. A change of clothes is optional, but may be a good idea.
- Estate staff will not dispense medication to Eco-Academy program participants without the parent's/guardian's consent.
- Parents are solely responsible for their children at all times—Eco-Academy Staff are not responsible for your child. In an emergency, only those individuals listed on the registration form will be allowed to pick up your child. We will need a photo ID and a signature as part of the pick-up process.
- Those attending the sessions regularly (more than two class times per session) are considered participants, are expected to complete registration forms, pay applicable session fees and pay an annual \$10 Miami Dade Park and Recreation registration fee.
- Payments for each five week session (\$25* per participant) can be made in person or by mail via the Deering Estate at Cutler or Metrozoo Ticket Offices. **Space is limited, last minute registrations are not guaranteed, and payment must be made BEFORE the start of the first class.** *Archaeology 4-wk Session—\$20
- Guests participating in one-time session activities, can pay a Guest Fee at the Main Gate Entrance of either facility prior to the start of the day's program. Guest reservations must be made in advance with the Eco-Academy instructor.
- Eco-Academy will check in at the Main Entrance Gate at the start of each class.
- Parks Rules and Regulations will be discussed the first day of the session by the Eco-Academy staff. Parents will cooperate with the staff to follow the rules and complete the activities for the day.

I do hereby release the County from all liability for any accident or injury that might be sustained through this registrant's participation in this activity. I understand that Miami-Dade is not responsible for money, personal items, etc. lost during the program and will discourage my child from bringing such items.

I HAVE READ ALL PAGES OF THE REGISTRATION FORM FOR THE DEERING ESTATE AT CUTLER and METROZOO ECO-ACADEMY PROGRAM AND AGREE TO ABIDE BY ALL PROGRAM POLICIES. I HAVE ALSO FILLED OUT THIS FORM COMPLETELY AND ACCURATELY.

Signature _____ Date: _____

Print Name _____ Mother Father Guardian

Photographs may be taken during the sessions and may be used in advertising for future educational programs. If you do not wish to have your child's photograph used, please inform us.

I AUTHORIZE THE ECO-ACADEMY STAFF TO TAKE PHOTOGRAPHS OF MY CHILD AND MYSELF FOR FUTURE EDUCATIONAL PROGRAM ADVERTISING. Yes No