

SANCTUARY ON 8TH STREET

2026 SUMMER CAMP ENROLLMENT APPLICATION

Camp will run Monday-Friday for six weeks: June 1-July 10, 8 AM - 5 PM.

*Camp activities occur 9 AM - 4 PM. **CLOSED JUNE 19 AND JULY 3.***

FINAL ACCEPTANCE IS PENDING ATTENDANCE OF 1 FAMILY INFORMATION MEETING ON APRIL 16, 23, OR 27 @5:30pm. All applicants will be notified of acceptance via text.

Child's Last Name: MI: First Name:

Student ID #: Last 4 of Social Security #:

Grade for NEXT SY: Gender: M F DOB: / / Age:

Race:	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian/ Pacific	<input type="checkbox"/> Other
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiracial	

Street Address:

Apt #: Zip Code: T-Shirt Size:
(Specify youth or adult)

Parent/Guardian/Foster Parent/ Information: (please provide 2 names if applicable)

Parent #1 Name: Phone:

Parent #2 Name: Phone:

Parent email address:

School name for NEXT SY:

Emergency Contact* Name & Phone Number:

*Person to be contacted in case of illness, accident, emergency and authorized to remove the child from the facility in the absence of a parent/guardian, or if we cannot reach the parent/guardian. (NOT the parent/guardian!)

The following person(s) in addition to parent(s)/guardian(s) listed above are authorized to pick up my child:

Name: _____

Phone #: (____) _____ - _____ Relationship: _____

Name: _____

Phone #: (____) _____ - _____ Relationship: _____

Name: _____

Phone #: (____) _____ - _____ Relationship: _____

Name: _____

Phone #: (____) _____ - _____ Relationship: _____

Additional Application Questions:

1. **Is your child allowed to walk home at the end of the day*?** Yes No

**If yes, please contact director Rick Cartledge to discuss a safety plan for your child.*

2. **Does your child have any behavior issues that we should be aware of?** Yes No

(If “Yes” please, explain. This question is to help us help your child to the best of our ability.)

3. **Does your child have any special medical needs?** Yes No

(If “Yes” please, explain. This question is to help us help your child to the best of our ability.)

4. **Is your child currently taking medication to alter or modify behavior and/or mood?** Yes No

(If “Yes” please, explain. This question is to help us help your child to the best of our ability.)

5. **Does your child have any allergies?** Yes No

(If “Yes” please, explain):

Kids Hope Alliance Data:

The Sanctuary on 8th Street after-school and summer programs are partially funded by a grant through the City of Jacksonville Kids Hope Alliance and through United Way of Northeast Florida. To obtain this funding, we need to collect the following information.

Is your child eligible to receive free or reduced lunch at his or her school? Yes No

Is your family enrolled in TANF, WIC, and/or Medicaid programs? Yes No

Please provide an estimate of your family’s annual income level: \$ _____ / year
of people in household: _____

Registration Fees:

Registration fees for summer camp are as follows:

- \$10 if you have one child enrolled in the program
- \$20 if you have two or more children enrolled.

Payment options include cash, check, or money order made out to Sanctuary on 8th Street.

FEES ARE DUE WITH SUBMITTED APPLICATION. This is a one-time fee for the six-week camp.

Summer Camp General Information:

Sanctuary on 8th Street Summer Camp will run Monday through Friday for six weeks, June 10-July 19, 8 AM - 5 PM. Camp activities occur 9 AM - 4 PM. **There is no camp on Friday, June 19th**, in observance of Juneteenth, or on **Friday, July 3rd**, in observance of Independence Day.

Campers must have completed Kindergarten to enroll. Camp activities are targeted to elementary and middle school students. If you have a high schooler who wants to attend, please contact us to discuss options.

Each week, your child will have the opportunity to participate in many academic, enrichment, and physical activities, in areas such as arts and crafts, literacy, STEM, social and emotional learning, health and exercise, and service learning. There will also be daily opportunities for free play and games. The Sanctuary will provide a safe, loving, and fun environment for all youth in our summer program.

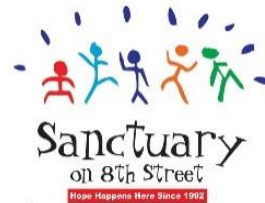
Lunch and an afternoon snack are provided each day through the Kids Hope Alliance Summer Meals Program. Full breakfast is not provided, but we will have an option of a light breakfast (piece of fruit or granola bar) for students who arrive before 8:45 AM. We will send parents more information about specific field trips as they approach. We will often have to drive our vans to get to field trip locations. Please talk to your child about the importance of wearing his or her seatbelt correctly while on the van, or they will not be able to attend field trips.

As the start of summer camp approaches, we will distribute a parent handout with more specific information. We are asking families to communicate with Sanctuary staff regarding any issues they experience, questions, or concerns. We will also be reaching out at any time our procedures need to be adjusted. Please be responsive to texts, phone calls, and emails to the best of your ability. Thank you!

For more information



Phone:
904-386-4231
Website: Sanctuaryon8th.org
Email:
rick@sanctuaryon8th.org



Follow and Like us on Social Media



Please review the remainder of this form.

A signature from the parent/guardian is required in order to ensure your child's participation.

Please read the following sections carefully before signing. Your signature at the bottom of the application indicates your acknowledgement of and agreement with ALL of the following:

Student Behavior Policies:

Sanctuary staff have three important guidelines for student behavior: **work hard, be nice, and have a good attitude**. We work constantly with our children to help them improve their behavior, and we are asking for parent and family support as well. Students who demonstrate these three actions will earn the ability to attend field trips. Students who repeatedly disregard these guidelines, despite redirection by staff, are subject to receiving a day off from summer camp, at the director's discretion, and may miss out on field trip opportunities.

General Release of Liability:

1. This is a Release of Liability and a waiver of legal rights. It deprives you of the right to sue the Sanctuary on 8th Street and other people and entities. Do not sign it unless you have read it in its entirety.
2. The Sanctuary on 8th Street is an after-school youth development program and summer camp (“the Program”). I confirm that I am the parent or legal guardian for the child listed in the Sanctuary on 8th Street 2023 Summer Camp Application (“my child”). I give permission for my child to participate in all Program activities, unless I provide other directions in writing. I understand that some Program activities include the risk of injury. I assume that risk and personal responsibility for damages resulting from injury to my child related to Program activities.
3. If I have concerns with Program policies, I will discuss them with the Executive Director.
4. I agree to release and hold harmless and covenant not to sue any of the entities and people listed in paragraph 5 of this Release of Liability for any injury or property damage suffered by my child that is related to my child’s participation in Program activities, including any injury or property damage related to transportation to Program activities. This Release of Liability binds me, my child, my child’s other parents and guardians, and the next of kin of my child, me, and any other guardians.
5. This Release of Liability applies to:
 - a. The Sanctuary on 8th Street, its affiliated organizations, administrators, directors, officers, agents, coaches, staff, volunteers, and employees.
 - b. The City of Jacksonville, its affiliated organizations, administrators, directors, officers, agents, coaches, staff, volunteers, and employees.
 - c. The Kids Hope Alliance, its affiliated organizations, administrators, directors, officers, agents, coaches, staff, volunteers, and employees.
 - d. Other Program participants and their parents, legal guardians, and next of kin.
 - e. Sponsoring agencies and individuals, donors, and advertisers.
 - f. Owners and lessors of property used for Program activities.

Summer Camp Field Trip Release:

I understand that as a participant of the Sanctuary on 8th Street summer camp, my child is eligible for field trips, experience trips, community service trips, and other offsite activities based on good behavior and participation in the program. I give my permission for my child to participate in all trips and understand that my child may be transported by Sanctuary on 8th Street vans or rented vehicles. I understand and agree that the Release of Liability which I have executed extends to all offsite activities, including the transportation to and from those offsite activities.

Authorization for Emergency Care:

In case of accident or serious illness, and the program site is unable to reach me, I hereby authorize Sanctuary on 8th Street to make whatever arrangements necessary to provide care and treatment for my child. In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain in the program, I will be contacted or transportation arrangements will be made for my child. If the program is unable to reach me, I authorize Sanctuary on 8th Street to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

Summer Camp Swimming Release:

Please check ONE of the following:

- My child knows how to swim and I give permission for him/her to swim in deep and shallow water.
- My child knows how to swim and I give permission for him/her to swim in shallow water only.
- My child DOES NOT KNOW how to swim and I give permission for him/her to swim in shallow water only with a lifeguard on duty.
- My child may not swim at any time.

Voice and Image Public Relations Release:

I hereby grant the Sanctuary on 8th Street the right to use my child’s name and photographs/videos of my child involved in Sanctuary on 8th Street activities (either on or off site) at any time for editorial, illustration, promotional, advertising, media coverage and/or similar purposes in connection with any publication or activity as part of Sanctuary on 8th Street. I agree to allow my child’s name and/or photograph to be used on Facebook, Instagram, other social media sites and/or the Sanctuary on 8th Street website. I also give my consent for my child to be interviewed by the media regarding their participation in Sanctuary on 8th Street programs. I also understand Sanctuary on 8th Street may release photos of my child to partner organizations, funders, media, etc. for use in their promotional purposes and allow them to take promotional photos/videos.

School Information Release:

I understand one of the Sanctuary's goals on 8th Street is to assist my child with school success in the summer camp and after school learning programs. As such, I give permission to Sanctuary on 8th Street to access my child’s school records (official school files to include academic, attendance, discipline, test scores, IEP plans and all other areas) through the Duval County Public Schools and Kids Hope Alliance. I give permission to Sanctuary on 8th Street to continue tracking my child’s progress after they leave the program unless I specifically request in writing that they do not do so. I will provide a copy of my child’s most recent report card to Sanctuary on 8th Street and other school documents relating to my child’s success. I understand that Sanctuary on 8th Street will share information with individual staff members and Kids Hope Alliance staff as needed to help with my child’s success but that there are written policies and procedures in place for confidentiality of my child’s records.

Application is not considered complete unless signed below to indicate agreement with the above. Please make sure you have read this application carefully.

Child’s Name (Print)

Parent or Legal Guardian Name (Print)

Parent or Legal Guardian Signature

Date

★ All Students



BOYS & GIRLS CLUBS
OF NORTHEAST FLORIDA

"BGCNF Summer Camp at McKenzie's Camp Deep Pond"
**Release, Indemnification
of all Claims and Covenant Not to Sue**

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising from your participation in the "BGCNF Summer Camp at McKenzie's Camp Deep Pond" or at any time in the future.

Acknowledgment of Risk

I HEREBY ACKNOWLEDGE AND AGREE that the "BGCNF Summer Camp at McKenzie's Camp Deep Pond" is considered a high-risk activity which poses several inherent risks. I have full knowledge of the nature and extent of all the risks associate with "BGCNF Summer Camp at McKenzie's Camp Deep Pond", and the use of any associated equipment including, but in no way limited to: Outdoor activities, play, games, sports, swimming, kayaking, biking, archery, campfire, grilling, hiking and any other outdoor activities, animal and insect bites, allergic reaction or other reaction, natural and man-made hazards, activities that could cause death or harm such as head injuries, paralysis, broken bones, lacerations, contusions, illness, burns, respiratory and other bodily injury or harm, drowning, property damage or loss, etc. volunteer work projects, use of tools and injuries or death that may occur while performing volunteer service. I further acknowledge that the above list is not inclusive of all possible risks associated with "BGCNF Summer Camp at McKenzie's Camp Deep Pond" and that the above list in no way limits the extent or reach of this release and covenant not to sue.

Release, Indemnification and Covenant Not to Sue

In consideration of my participation in "BGCNF Summer Camp at McKenzie's Camp Deep Pond", I, _____, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Boys & Girls Clubs of Northeast Florida, its officers, directors, agents, employees, volunteers and representatives ("Releasees") from any causes of action, claims, or demands of any nature whatsoever, including but not limited to, claims of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Boys & Girls Clubs of Northeast Florida on account of personal injury, property damage, death or accident of any kind, arising out of, or in any way related to, my participation in "BGCNF Summer Camp at McKenzie's Camp Deep Pond", or the use of any associated equipment whether that participation and use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to, the NEGLIGENCE of Releasees. In consideration of my participation in "BGCNF Summer Camp at McKenzie's Camp Deep Pond", I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in "BGCNF Summer Camp at McKenzie's Camp Deep Pond", I, the undersigned, expressly agree that this document is intended to be as broad and inclusive as permitted by the law of Florida and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of Florida and that the courts of Florida/Duval shall be the exclusive venue for any and all disputes relating to or arising from this document "BGCNF Summer Camp at McKenzie's Camp Deep Pond". I further certify that my date of birth is _____ (month/date/year), that my present age is _____, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. No oral representations, statements or inducement apart from the foregoing written agreement have been made.

Participant Signature

Participant Name (Print Clearly) _____

Parent/Guardian signature if participant/user is under 18 _____

Parent/Guardian Name (Print Clearly) _____

Date _____

My organization Sanctuary on 8th Street, Group leader Rick Cartledge, Jr.

Date of visit to BGCNF McKenzie's Camp Deep Pond _____



☆ middle school only

Jacksonville University Marine Science Research Institute

R/V LARKIN RELEASE AND CONSENT FORM

This Release and Consent must be read, filled out and signed by each member of the party prior to boarding or cruising upon R/V LARKIN. A member of the party is defined as any person or individual other than paid crewmembers or Jacksonville University ("JU") staff.

In consideration of permission to be present on the R/V LARKIN, I agree to the following terms:

Partial Waiver and Release of Rights:

I, the undersigned, agree to accompany the charter on R/V LARKIN. I understand that I am not covered under JU's or the vessel's insurance and that appropriate insurance coverage must and will be provided by me, my employer or sponsoring institution. I agree that I will not be compensated by JU or the vessel for my participation. I understand that my participation in the charter, including, but not limited to my operation of any of the vessel's equipment necessary for my research, may expose me to certain inherent risks, dangers and hazards associated with sea-going vessels, which include but are not limited to dangers while embarking and disembarking the vessel, the motion and movement of the vessel through rough and unpredictable seas with the attendant rolling and pitching of the vessel, wet decks, stairs, steps and ladders which may be slippery, any and all of which jointly or severally may result in injury, death or damage to me and/or my property.

Acknowledging said risks, dangers and hazards, I hereby release and hold JU, its trustees, officers, agents, representatives and employees harmless from any and all claims or liabilities which I might have or claim to have against JU and/or the vessel R/V LARKIN, including their trustees, officers, agents, representatives and employees for injuries to my person, including death, or property damage arising out of my participation in the charter. I also agree to indemnify JU and the vessel R/V LARKIN for any of my negligent or intentional acts, omissions or conduct which result in my injury, death and/or loss of property.

Consent:

I understand that and agree to:

- JU supports the Federal "Zero Tolerance Policy" which strictly prohibits alcohol, illegal drugs and controlled substances onboard R/V LARKIN and that my violation of this policy could lead to termination of the voyage and my arrest.
- Alcoholic beverages are prohibited onboard at all times.
- Federal regulations require me to submit to a drug/alcohol test should I be involved in a "Serious Marine Incident" and that a failure to submit to this test, if requested, will require termination of the charter and permit JU to report my name and address to the U.S. Coast Guard and my sponsoring institution or company.

Medical: I understand there is no expert medical care provider on R/V LARKIN; provided, however, I give consent for the provision of medical care and emergency medical services arising from my use of the vessel. I agree to assume all costs related to such treatment, including transportation costs.

Charter Participants Under 18 Years of Age: The participant's parent or legal guardian must execute this form on behalf of his/her minor child in the space provided.

Governing Law and Venue: This Release and Consent form shall be governed by, construed and interpreted in accordance with the laws of the State of Florida and/or any applicable general maritime law. Any legal action hereunder shall be filed only in the courts located within Duval County, Florida.

I have read this two-page document in its entirety and understand all of the terms and conditions it contains. I am signing this document freely. No oral representations, statements, or inducements apart from this general release of liability and assumption of risk form have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

Participant Signature: _____

Participant Name (print): _____

Date: _____

For Participants under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

→ _____
Signature of Minor Participant's Parent/Guardian

→ _____
Name of Minor Participant's Parent/Guardian (print)

_____ Date

→ _____
Minor Participant's Name

* middle school only



Minor's Name: _____
Minor's Date of birth: _____
Parent/Guardian Name: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____

A parent or legal guardian must sign this agreement on behalf of any minor participant under the age of 18. By signing this agreement, I represent that I have the authority to sign and enter into this agreement on behalf of the minor(s) listed above.

Parent Signature _____ Date _____

"Waiver and Full Release"

I agree that in consideration of being permitted to do any or all of the following: (i) participate in any way in the sport of hatchet throwing" (to whatever extent I participate including but not limited to just observing); (ii) enter the parking lot, use walkways, enter and use, as permitted the interior and exterior space located at 1719 N Main St. Jacksonville, Florida, the lobby, main area, pit area and any other area of the building (whether interior or exterior space of any nature or description) (collectively, the "Facilities"); (iii) engage in social events, any other activity on or about the Facilities; and (iv) engage in any activity in any way related to or sponsored by Stumpy's Hatchet House Jax wherever located whether or not on or about the Facilities (hereinafter, collectively and individually, the "Activity"). The term "Facilities" shall include, without limitation, all equipment and other items made available to me and other persons on or about the Facilities, including, without limitation, hatchets. I understand that Stumpy's Hatchet House Jax would not allow me to participate in the Activity unless I agree to all of the terms of this Waiver and Full Release. Such Waiver and Full Release includes the above and the following terms:

- **General.** Because physical exercise (such as hatchet throwing) can be strenuous and subject to risk of serious injury, I acknowledge that Stumpy's Hatchet House Jax urges me to obtain a physical examination from a doctor before engaging in the Activity. I represent to Stumpy's Hatchet House Jax by signing this Waiver and Full Release that I am in good

mental and physical health and there is no risk in my participation in the Activity either to myself or to others. I will advise the management of Stumpy's Hatchet House Jax of any condition or concern that I may have that may cause any restrictions in my participation in the Activity. Stumpy's Hatchet House Jax will attempt to accommodate me to the extent Stumpy's Hatchet House Jax reasonably believes, does not jeopardize the safety to myself and/or to others.

- **COVID-19.** Moreover, I do not have any symptom that is listed by the CDC as a possible sign or indication that I may have COVID-19. I will not engage in the Activity or come onto the Facilities if I suspect that I may have COVID-19 or there is a high likelihood that I may have been exposed to someone with COVID-19. If any employee of Stumpy's Hatchet House Jax suspects that I may be infected with COVID-19, I will be asked to leave immediately from the Facilities with a full refund.
- **No Supervision.** I agree that there is no obligation for Stumpy's Hatchet House Jax to provide supervision of any description to me or any other person with any Activity except for the initial instructions provided to me by Stumpy's Hatchet House Jax. In addition, there is no supervision or monitoring by Stumpy's Hatchet House Jax of the Facilities (including, without limitation, the parking area), the access to and from the Facilities or any other location where Stumpy's Hatchet House Jax may host, sponsor or participate in an event of any nature or description.
- **Agreement to Comply with All "House Rules".** I also agree to abide by the following "House Rules" at Stumpy's Hatchet House Jax:
 - To exercise common sense and play responsibly;
 - To permit only one (1) person per lane allowed in the throwing zone (designated by caution tape);
 - Hatchets can only be retrieved after both participants throw;
 - To never retrieve a Hatchet before opponent throws;
After my turn, to return the hatchet to the holder (no hand-offs are permitted);
 - Hatchets are not to be taken out of pit area and are always to be handled in a safe manner;
 - To wear closed toe shoes. No sandals or flip flops.
- If I am visibly intoxicated or in any way exhibiting any signs that may be a concern for my safety and/or the safety of others, management and/or employees reserve the right to terminate my hatchet throwing and remove me from the Facilities, at their discretion; and
- Any other rules or directives that may be issued either in writing or verbally by Stumpy's Hatchet House Jax from time to time.

- I agree that violating any of the above rules or by putting myself or anyone else in harm's way will result in termination of my hatchet throwing with no refund.
- **Unconditional Photo/Media Release.** I hereby freely and irrevocably grant to Stumpy's Hatchet House Jax and its authorized employees and agents, the absolute right and permission to copy, exhibit, copyright, use, take, distribute and/or publish my likeness, name, voice, and/or any other image likeness, identifying information, etc. made in relation to my participation in the Activity in photographs, pictures, sketches, video and in any and all other media or form or format of any nature or description, in which I may be included in whole or in part, or in composite form in conjunction with my name and other identifying information, or reproductions thereof in color or otherwise, made through any media for art, print, web, social media, advertising, film, telecast or any other lawful purpose whatsoever. I also grant Stumpy's Hatchet House Jax unlimited rights and permission to use written or verbal statements or testimonials made by me to any person or entity. All of the foregoing uses in this Section of any nature or description are referred to as "Uses of My Image". It is understood that no compensation has been paid to me and that no fee or compensation shall be due to me for my giving permission for Uses of My Image.

Assumption of Risk

- **General.** Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The risks range from: (i) minor injuries such as scratches, bruises, and cuts; (ii) major injuries such as eye injury including but not limited to loss of sight, joint or bodily injuries and/or emotional harm; and (iii) catastrophic injuries including but not limited to loss of fingers, limbs, temporary or permanent paralysis, psychological damage and death. Moreover, in light of COVID-19 and other potential diseases, illness (including without limitation, any airborne diseases, pathogens, viruses, bacteria, etc.) and other health issues as more fully set forth below, I agree that if I engage in any Activity and/or use any of Stumpy's Hatchet House Jax amenities at the Facilities or off the Facilities including without limitation, any sponsored event by Stumpy's Hatchet House Jax (wherever located), I do so entirely at my own risk. I further agree that I am voluntarily participating in the Activity and the use of the Facilities and I fully and unconditionally assume all risks of injury (physical, mental, emotional or psychological), illness, or death. I also agree that Stumpy's Hatchet House Jax is also not responsible for any loss of my personal property.
- **COVID-19.** Notwithstanding any provision in the Waiver and Full Release to participate in the Activity at the Facilities I acknowledge and agree to the following:
 - I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines

as well as local, state and other governmental guidelines, laws (including without limitation, governor's orders) are regularly changed and updated and I accept full responsibility for familiarizing myself with the most recent updates.

- o Notwithstanding the significant risks associated with COVID-19 inherent in the Activity due to the proximity of other people, potential infection of air and surfaces (including but not limited to hatchets), which I acknowledge, as well as any other potential illness, infection, disease or any other health concern of any nature or description I hereby willingly choose to participate in the Activity.
- I acknowledge and I FULLY ASSUME the FULL RISK of illness or death related to COVID-19 arising from my being at the Facilities and engaging in the Activity. I understand that there is significant risk of COVID-19 infection due to proximity of other people while at the facilities as well as surfaces that may become infected with COVID-19, including without limitation, the hatchets. I will fully comply with all policies and procedures imposed by Stumpy's Hatchet House Jax concerning COVID-19. Notwithstanding such policies and procedures, significant risk of contracting COVID-19 will always be present in the Activity.
- Indemnification and Hold Harmless. I unconditionally agree to indemnify, defend, and hold harmless Stumpy's Hatchet House Jax, its affiliates and their respective owners (shareholders, members, partners, etc.) directors, managers, officers, employees, agents, contractors, trustees, representatives, successors and assigns (the "Stumpy's Hatchet House Jax Releasees") from any and all liabilities, damages, claims, lawsuits, attorneys' fees, and actions of any kind for any damage or injury arising out of my participation in the Activity, including any damage, loss or injury (including but not limited to death and any risks I have assumed as set forth in this Waiver and Full Release) caused by any act or omission on the part of Stumpy's Hatchet House Jax.

Without limiting the foregoing, this Waiver and Full Release includes, without limitation, release of all injuries which may occur as a result of: (i) my use of all amenities and equipment at the Facilities and/or my participation in the Activity; (ii) the sudden and unforeseen malfunctioning of any equipment, fixture, wall, cage, table, bench, etc.; (iii) Stumpy's Hatchet House's Jax instruction, training, supervision, or rules and/or recommendations; (iv) my slipping, falling or any other injury (up to and including death) while accessing, using, leaving or in any way connected with the Facilities (or any other location at which any Activity or event hosted or sponsored in any way by Stumpy's Hatchet House); and (v) the infection of COVID-19 or any other illness of any nature or description which might occur as a result my being at the Facilities and/or engaged in the Activity.

I further agree to release and discharge the Stumpy's Hatchet House Jax Releasees from any and all claims or causes of action due to my negligence, recklessness and/or intentional misconduct. To the extent that Florida law does not prohibit releases for negligence, this Waiver and Full Release is also for negligence on the part of Stumpy's Hatchet House Jax, its affiliates, and their respective owners, directors, officers, managers, employees, agents, representatives, successors, or assigns.

It is my express intent that this Waiver and Full Release shall bind me and my estate, executors, administrators and all of my and their respective representatives, successors and assigns, and shall be deemed as an UNCONDITIONAL RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE AND UNCONDITIONAL INDEMNIFICATION of the Stumpy's Hatcher House Jax Releasees. This Waiver and Full Release shall be construed, interpreted and controlled according to the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS WAIVER AND FULL RELEASE. I irrevocably consent to the personal jurisdiction of the Duval County Superior Court of Florida for any dispute arising under this Waiver and Full Release.

- Acknowledgement of Understanding. I have read this Waiver and Full Release, and fully understand its terms and that it is, among other things, that it is a FULL AND UNCONDITIONAL RELEASE OF LIABILITY AND FULL AND UNLIMITED INDEMNIFICATION. I certify that I am at least eighteen (18) years of age and suffering under no known legal disabilities; I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

If any portion of this Waiver and Full Release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this Waiver and Full Release shall remain in full force and effect and the offending provision or provisions severed here from.

I represent that I was advised that I may receive a copy of this Waiver and Full Release before I sign and have it reviewed by an attorney or other person to help me understand the importance of this legal document and the rights I am voluntarily waiving. I acknowledge that Stumpy's Hatchet House Jax will not knowingly grant me with access to the Facilities and to participate in the Activity unless I agree to the terms and conditions in this Waiver and Full Release.

I ACKNOWLEDGE THAT THIS WAIVER AND FULL RELEASE WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT TO THE PERMISSION GRANTED BY ME TO PARTICIPATE IN THE ACTIVITY. IN SIGNING THIS WAIVER AND FULL RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING. I acknowledge, understand and appreciate these and other risks that are inherent in the Activity as set forth above. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I understand all terms and conditions in this Waiver and Full Release and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made or can be made unless in writing signed by me and Stumpy's Hatchet House Jax.

Parent Signature _____ Date _____

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12



★ Boys only

RISK ACKNOWLEDGEMENT/LIABILITY WAIVER FORM

The name JESUS will be mention from time to time in this program if this is a problem please call coach Ellis.

This is to certify that _____ has full permission to, and/or has voluntarily agreed to travel in a group, within the United States, in connection with a field trip, function, or event, sponsored by C.U.T.S.

(Student / Participant Name - Print)

LIABILITY WAIVER / RISK ACKNOWLEDGEMENT:

I understand that participation in C.U.T.S. activities could involve risk of physical injury, illness, death or property loss and despite safety precautions, "Cleaning up Today's Society" (C.U.T.S) cannot guarantee safety thereof, as all risks cannot be prevented. C.U.T.S does not provide health and accident insurance for participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during this program, are to be borne by the student/participant, or their parent or guardian (if student/participant is a minor). I also hereby consent, give authorization to, and release from liability to trip leaders to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the cost thereof.

I further acknowledge that if I drive my own vehicle, or am a passenger in another's private vehicle in connection with C.U.T.S auto insurance does not cover such a private vehicle. I also understand C.U.T.S cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any non-sponsored activities and travel that I/my child might choose to participate in before, during or after C.U.T.S sponsored function, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with C.U.T.S and any recreational activities noted within; and with full understanding of the above issues/conditions and risks I hereby release, indemnify and hold harmless C.U.T.S its faculty/staff, trustees, officers, volunteers, and agents from all claims and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip activities.

Signature of Parent/Guardian

Print Parent/Guardian

Date

Print Witness for Parent/Guardian

Signature of Witness for Parent/Guardian

Date

Emergency Contact Name: _____

Phone: _____



POLICY CENTER

*girls only

See the Girl: In Elementary & In the Middle Parent/Guardian Release Form

Child's Name: _____ DOB: _____ Grade Level: _____
Parent/Guardian Name: _____ Parent/Guardian Email: _____
Parent/Guardian Address: City _____ State _____ Zip Code _____
Parent/Guardian Phone: _____ Can staff contact via text? [] Yes [] No
School Child Attends: _____

I, _____ the undersigned, do hereby grant or deny permission to the Delores Barr Weaver Policy Center for the following:

1. To use the image of my child, _____ and their grade and age, as marked by my selection below. Such use includes the display, distribution, publication, transmission or use of photographs, voice recordings and/or videos taken from my daughter and/or family for use in materials including, but not limited to, printed materials such as brochures and newsletters, videos and digital images such as those found on the Delores Barr Weaver Policy Center website: www.seethegirl.org.

- [] I give permission to use my child's image in the capacities mentioned above
[] I deny permission to use my child's image at all.

2. Access my child's school records and allow the use of the information for grant reporting purposes to provide information including the number of absences and suspensions of all girls served by sponsors such as the Department of Juvenile Justice and the Jim Moran Foundation. All information will be kept confidential.

- [] I give permission to use my child's information for research as described above.
[] I deny permission to use my child's information for research as described above.

I certify that I am the legal guardian of the girl mentioned above. [] Yes; [] No

Signature of the Guardian: _____

Name of Guardian (in print): _____ Date: ____/____/____

I understand and agree with the rights of youth, the rights of the Policy Center, and the complaints procedure set forth in the Bill of Rights. [] Yes; [] No

Signature of the Guardian: _____

Name of Guardian (in print): _____ Date: ____/____/____

Consent to Provide Service

I do hereby seek and consent to take part in the following services with staff of the Delores Barr Weaver Policy Center (or in the case of those under the age of 18, seek and consent to treatment for the above-named minor):

- Care Management Girl Matters: It's Elementary
 Girl Matters: In the Middle Telemental Health Treatment

I understand that developing a care management plan with my Care Manager, Intern, and/or Mental Health Professional and regularly reviewing our work toward meeting my care management goals are in my best interest. I agree to play an active role in this process.

I understand that my Care Manager, Intern, or Mental Health Professional will provide care management plans to minors only with their legal guardian's consent to do so.

I understand that no promises have been made to me as to the result of care management or of any procedures provided by the staff of the Delores Barr Weaver Policy Center.

The limits of Confidentiality have been discussed and I understand them. They encompass the following areas:

- Threat to self or others
- Child Abuse, Sexual Abuse or Abuse of elderly or disabled person
- A life-threatening emergency in which I cannot ask your permission, but I believe you would have wanted me to do so, or if I believe it will be helpful to you.

My Signature below indicates that I understand and grant consent for treatment.

A primary goal of the Policy Center is to better understand the lives of girls. To do this, we collect assessment and juvenile justice system information on girls that we would like to use for future research to learn more about the needs of girls and the impact of Policy Center services. No individual data will be shared. All data reported will be done in a group format. This means no names or other identifying information will be used. If you chose not to allow your girl's data to be used for research purposes, there will be no consequences to this. She will continue to be eligible for services from the Policy Center. There are no benefits to you or your girl for allowing her data to be used; however, this data will help us evaluate if our treatment efforts are helpful in meeting the needs of girls and their families.

- I grant permission to use my/my child's information for research as described above
 I deny permission to use my/my child's information for research as described above

My Signature below indicates that I understand and agree with all of the above statements.

Individual Receiving Services: Name _____ Date _____

Parent / Guardian: Name _____ Date _____

Witness: Name _____ Date _____

_____ I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from today's date.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor



Scott A. Rivkees, MD
State Surgeon General

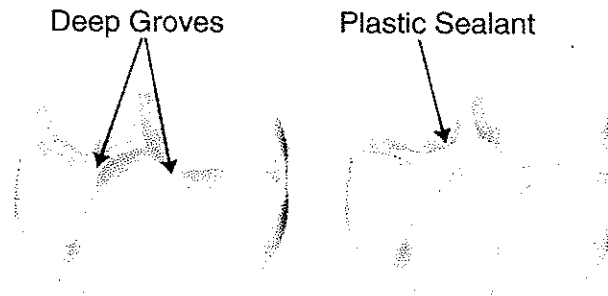
Vision: To be the Healthiest State in the Nation

**Florida Department of Health in Duval County
Preventive Oral Health Program**

Dear Parent/Legal Guardian:

Your school/community will soon be visited by the Children's Mobile Dental Unit as an effort of The Florida Department of Health in Duval County, to provide preventive dental services to students. All children ages 1 through 20 are eligible for the services at **no cost** to the parent. Permission is required from one parent or legal guardian before your child can take part in this program.

The goal of this program is to teach each child how to properly clean his/her teeth, provide a dental assessment, prophylaxis (dental cleaning), oral hygiene instructions, fluoride treatment and place protective sealants, if needed. Dental sealants are tooth-colored protective coatings on the chewing surfaces of healthy back teeth that act as a barrier to prevent cavities. Sealants are approved and recommended by the American Dental Association. Your child may be chosen to be reevaluated next year for sealant retention and sealant(s) may be reapplied at the follow-up visit.



A **licensed dentist or dental hygienist** from the Florida Department of Health in Duval County will provide an assessment of your child's teeth. Your child **will not** be given any sedatives, shots, medications or x-rays.

This program is for educational and preventive purposes only.

After your child is treated, a letter will be sent home describing what was done and what follow-up care is needed.

This program should not replace a complete dental check-up in a dental office.

**IF YOU WOULD LIKE YOUR CHILD TO BE SEEN BY THE
DENTAL PROGRAM, PLEASE COMPLETE ALL THE
INFORMATION ON THE REVERSE SIDE AND RETURN THIS FORM
TO YOUR CHILD'S TEACHER.**

Florida Department of Health
in Duval County • Dental Program
900 University Boulevard North • MC # 77
Jacksonville, Florida 32211
PHONE: (904) 253-1200 • FAX: (904) 253-1963
FloridaHealth.gov



**IF YOUR CHILD CURRENTLY HAS A DENTIST OR HAS BEEN SEEN IN THE LAST SIX MONTHS,
DO NOT FILL OUT THIS FORM**

School/Community Group Name: _____ Grade/Teacher: _____

YES I approve of my child's participation in this program

NO I do not approve of my child's participation in this program

Name of Child: _____
(First) (Middle Initial) (Last)

Date of Birth _____ Age: _____ Male Female
(Month) (Day) (Year)

Check all that apply: White Black/African American Asian Hispanic
 Other _____

My child has a dentist: Yes Name of Dentist or Office: _____ No

My child has Medicaid: Yes Medicaid Number: _____ No

Date of last Dental Exam: _____

Child's Parent/Legal Guardian's Name: _____ Relationship _____

Parent's Address: _____ Zip Code: _____

Parent's Phone Number(s) Home: _____ Work: _____

Please answer the following questions:

1. Is your child currently under a physician's care? Yes No
If **YES**, please give reason: _____

2. Is your child currently taking any medications? Yes No
If **YES**, please list: _____

3. Has your child ever had an allergic reaction? Yes No
Please explain a **YES** answer: _____

4. Is there anything else we should know about the health of your child?

_____ Date _____
Dentist/Hygienist Signature

I certify that I have **READ** and **UNDERSTAND** the above questions and have answered the questions to the best of my knowledge. I understand that my child is not being provided other dental care that she/he may need. I authorize the Florida Department of Health in Duval County to provide dental care to my child at school or at the facility or place where the child is located. This dental care may include: dental exam, sealants, prophylaxis, oral hygiene instruction and fluoride treatment. My child may be chosen to be reevaluated next year for sealant retention and sealant(s) may be reapplied at the follow-up visit. On behalf of myself and/or the patient, I authorize the dental providers to receive payment from any insurance or any third party payor that covers the services provided to this patient. I understand there is no out-of-pocket expenses for these services for any child.

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE ABOVE AND RECEIPT OF THE NOTICE OF PRIVACY RIGHTS

X Signature of Parent/Legal Guardian _____ Date _____