



# DEERING ESTATE AT CUTLER

## ECO-ACADEMY, MARINE CONSERVATION SCIENCE AND POLICY WILDLIFE CONSERVATION STUDIES PROGRAM REGISTRATION FORM

School Affiliation	(optional)		
Parents' Name			
Participant's Name	Last Name:	First Name:	Initial:
Age:	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any additional information (i.e. medications, allergies, dietary needs):			
Emergency Contact 1	Name	Phone:	
Emergency Contact 2	Name	Phone:	
Day of Week <i>(choose 1)</i>	<input type="checkbox"/> <b>Eco Academy for Youth and Parent Educators</b> <input type="checkbox"/> <b>Marine Conservation Science and Policy Service Learning Program</b> <input type="checkbox"/> Tuesday AM 10:30—12:30 <input type="checkbox"/> Tuesday PM 2:30—4:30 <input type="checkbox"/> Saturday PM 1:00—3:00 <input type="checkbox"/> <b>Wildlife Conservation Studies</b> <input type="checkbox"/> Wednesday AM 10:30-12:30		
<p><u>\$35</u> per participant per 5 week session for ECO-ACADEMY and MCS&amp;P  <u>\$50</u> per participant per 5 week session for Wildlife Conservation Studies  \$12 Annual Registration Fee per participant.  Minimum 25 participants per class, maximum of 30.  Registration forms and fees are due BEFORE class start date/time.  \$12 Single Class/Single Participant Guest Fee at the Deering Estate at Cutler . Arrangements for guest attendance must be made in advance due to limited class space.</p>			
<b>PAYMENT INFORMATION (checks payable to Miami Dade County)</b>			
Annual Registration Fee	<input type="checkbox"/> \$12 per participant	REG FEE: \$ _____	
Session Fee	<input type="checkbox"/> \$35 per participant ECO ACADEMY and MCS&P <input type="checkbox"/> \$50per participant Wildlife Conservation Studies	MODULE: \$ _____	
Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	TOTAL: \$ _____	
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		



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## 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 program participants without the parent's/ guardian's consent.
- 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 \$12 Miami Dade Park and Recreation registration fee.
- Payments for each five week session can be made in person or by phone at the Deering Estate at Cutler Ticket Office. **Space is limited, last minute registrations are not guaranteed, and payment must be made BEFORE the start of the first class.**
- 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 instructor.
- Participants 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 Education staff. Parents will cooperate with the staff to follow the rules and complete the activities for the day.
- Substitution is allowed. Any guardian substitute would have to fill the liability forms.

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 EDUCATION 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

***To request material in accessible format, information on access for persons with disabilities, or sign language interpreter services (7 days in advance), call 305-365-6706.***



# 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