



18th Annual
Mother/Daughter
Tea Party

Hosted By: The City of Vero Beach Recreation
Department at the Vero Beach Community Center

February 6, 2021

2:00 p.m.

**PARTICIPANTS MUST WEAR A MASK AT ALL
TIMES WHILE ATTENDING THE TEA PARTY.**

\$25.00 per Mother/Daughter couple
\$10.00 each additional family member

Space is limited! All Ages Invited!

Come dressed in your best “TEA PARTY” outfit.

Our theme is “Emoji”

No walk-ins on day of event/

Pre registration is required!

Register Now at Leisure Square (3705 16th Street)
Don't miss out. Call for more information...770-3775



18th Annual Mother & Daughter Tea Party

Hosted By: The City of Vero Beach Recreation Department
at the Vero Beach Community Center (2266 14th Avenue)

February 6, 2021 2:00 p.m.

\$25.00 per Mother/Daughter pair

\$10.00 each additional family member

(Additional fees apply to immediate family members only)

Space is limited! All Ages Invited!

NO WALK-INS ON DAY OF EVENT

INITIALS

I UNDERSTAND THAT ALL PARTICIPANTS MUST WEAR A MASK AT ALL TIMES WHILE ATTENDING THE TEA PARTY.



Adult Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Daughters Name(s):

1. _____

2. _____

3. _____

Additional Ladies Name(s):

1. _____

2. _____

****I understand in all cases fees paid are NOT refundable-***

Parent Initials: _____



Our TEA PARTY theme is :

CITY OF VERO BEACH
RECREATION DEPARTMENT
2266 14th Avenue
Vero Beach, FL 32960
(772) 567-2144

General Liability Release and Indemnity Agreement

In consideration of the acceptance of my participation and/or the participation of my child or ward in the City of Vero Beach Recreation Department program, its activities and events, and with the understanding that the program, activities, and events in which I and/or my child or ward participate carry with them the potential for serious injury, death, and property loss or damage, which risks include, but are not limited to, those caused by terrain; facilities and equipment; swimming pools and fountains; water conditions, including, but not limited to, pollution, temperature, currents and waves; participant's abilities and equipment; vehicular, pedestrian and vessel traffic; weather; temperature; and actions of other people, including, but not limited to, participants, volunteers, spectators, coaches, officials, monitors, media, and sponsors/producers of the program, activity, or event, I RECOGNIZE AND AGREE TO ASSUME ALL RISKS known and unknown that arise or might arise incidental to such participation, and, on my own behalf, on behalf of my child or ward, and on behalf of my and my child's or ward's parents, guardians, heirs, executors and administrators, next of kin, successors and assigns, RELEASE and forever discharge the released parties defined below, of and from any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, known or unknown, arising out of or in any way connected with my participation and/or the participation of my child or ward in the City of Vero Beach Recreation Department program, its activities and events, and I further agree to indemnify and hold each of the released parties harmless against any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, including, but not limited to, all attorney's fees and disbursements, arising out of or in any way connected with my participation and/or the participation of my child or ward in the City of Vero Beach Recreation Department program, its activities and events.

The released parties are the City of Vero Beach, its elected officials, officers, employees, agents, representatives, volunteers, their successors and assigns, and event sponsors, producers, their agents, successors and assigns. I understand and agree that this General Liability Release and Indemnity Agreement includes any claims based on the negligence, actions or inaction of any of the released parties and covers bodily injury, death and property damage or loss, whether suffered by me and/or my child or ward, before, during, or after such participation, including travel to or from an activity or event whether by private transportation or City of Vero Beach provided transportation, or on account of any first aid treatment or service.

I certify that I and/or my child or ward are physically fit, sufficiently trained and capable to participate in the City of Vero Beach Recreation Department program, its activities and events, and have not been advised otherwise by a qualified medical person. I authorize medical treatment and services for myself and/or my child or ward if the need arises and I assume all responsibility and will fully indemnify the released parties for all medical and other costs incurred for such treatment and services.

I understand that participants may be videotaped or photographed during recreation department program activities and events. My photo, video and film likeness, and that of my child or ward, may be used by the program, activity, and event holders, producers, sponsors, organizers and/or their assigns for any legitimate purpose and I will hold the released parties harmless, on behalf of myself and my child or ward and the parents, guardians and others as outlined above, for such use.

If the participant is a minor or otherwise legally incapacitated, the undersigned parent and natural guardian or legal guardian of the participant hereby represents and certifies that he or she is, in fact, the parent or legal guardian of said child or ward and that he or she possesses the authority to act in such capacity and does hereby so act and agrees to indemnify and hold harmless the released parties from all liabilities and costs as outlined above as may be imposed upon the released parties because of any defect in or lack of legal capacity to execute this release and so act and to release said parties on behalf of the child or ward and parents or guardians and others as outlined above.

I have carefully read this release, understand its contents, and voluntarily signed it below.

PLEASE PRINT

Participant Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Emergency Contact Name and Telephone Number: _____

Signature: _____ Date: _____

(Parent/ guardian must sign for children under 18 or legally incapacitated)

Witness Signature: _____

Print Witness Name: _____