



**Lee County Sheriff's Office  
UNCONDITIONAL AND FULL  
GENERAL RELEASE**

**FOR PARTICIPANTS OF THE LEE COUNTY  
SHERIFF'S OFFICE YOUTH BOXING PROGRAM  
[FOR PARENT/ LEGAL GUARDIAN OF  
MINOR CHILD]**

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, a participant in the Lee County Sheriff's Office Youth Boxing Program, enter into this Agreement on behalf of the participant and in consideration for the opportunity afforded by the Lee County Sheriff's Office, (the adequacy and sufficiency of which is acknowledged and agreed), for participant to participate in the Youth Boxing Program as a diversion program to a civil citation with the Lee County Sheriff's Office.

**I, \_\_\_\_\_, THE PARENT/LEGAL GUARDIAN OF THE PARTICIPANT HEREBY AGREE FOR MYSELF, MY HEIRS, ADMINISTRATORS AND ASSIGNS TO RELEASE, DISCHARGE, AND HOLD HARMLESS SHERIFF CARMINE MARCENO, THE LEE COUNTY SHERIFF'S OFFICE, ITS OFFICERS, AGENTS AND EMPLOYEES, OF AND FROM ANY AND ALL KNOWN AND UNKNOWN CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION, SUITS IN EQUITY OR AT LAW OF WHATEVER KIND OR NATURE, SUSTAINED AS RESULTING FROM, OR RELATED TO ANY AND ALL ACTUAL OR ALLEGED ACT(S), OMISSION(S), INTENTIONAL OR OTHERWISE, AND/OR NEGLIGENCE OF ANY PERSONS, INCLUDING, BUT NOT LIMITED TO, SHERIFF CARMINE MARCENO, THE LEE COUNTY SHERIFF'S OFFICE, AND ITS OFFICERS, AGENTS,**

**Parent/Legal Guardian Initials \_\_\_\_\_**



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**AND/OR EMPLOYEES THAT OCCUR DURING THE PARTICIPANT'S  
PARTICIPATION IN THE LEE COUNTY SHERIFF'S OFFICE YOUTH BOXING  
PROGRAM.**

I understand and have advised the participant that physical injuries may result in the training and conditioning involved in the Youth Boxing Program as well as other, anticipated and unanticipated, dangers that may arise, and the participant knowingly and intentionally assumes such risk(s) of injury to his/her person that may be sustained as a result.

The participant and I agree to cooperate in the defense or prosecution of any third-party claim and furnish such records, information and testimony, and attend such conferences, discovery proceedings, hearings, trials or appeals, as may be reasonable in connection with this agreement.

**I agree and have advised the participant of the following:**

\_\_\_\_\_ The participant will not carry weapons of any type.

\_\_\_\_\_ The participant and I understand that the Lee County Sheriff's Office (LCSO) policies and procedures will be followed.

**STATUTORY NOTICE TO THE MINOR CHILD'S PARENT/LEGAL GUARDIAN:**

**Parent/Legal Guardian Initials \_\_\_\_\_**



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**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SHERIFF CARMINE MARCENO, THE LEE COUNTY SHERIFF'S OFFICE, ITS OFFICERS, AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SHERIFF CARMINE MARCENO, THE LEE COUNTY SHERIFF'S OFFICE, ITS OFFICERS, AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SHERIFF CARMINE MARCENO, THE LEE COUNTY SHERIFF'S OFFICE, ITS OFFICERS, AGENTS AND EMPLOYEES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

**Parent/Legal Guardian Initials \_\_\_\_\_**



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**WE REPRESENT AND CERTIFY THAT WE HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS RELEASE INCLUDING THE AFOREMENTIONED NOTICE TO THE MINOR CHILD'S PARENT/LEGAL GUARDIAN.**

\_\_\_\_\_  
Youth Boxing Program Participant

\_\_\_\_\_  
Parent/Legal Guardian Signature for  
and on behalf of the Participant

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**STATE OF FLORIDA  
COUNTY OF LEE**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
Name of Notary Printed

\_\_\_\_\_  
Signature of Notary Public-State of Florida

Notary Seal

\_\_\_\_ Personally Known

\_\_\_\_ Produced Identification    Type of identification produced: \_\_\_\_\_

**Parent/Legal Guardian Initials** \_\_\_\_\_