



## Participating Organization Community Partner Agreement

Yes! Our organization will become a partner with Miami-Dade Drowning Prevention Coalition to help build a safer and more informed community in drowning prevention and water related injuries. We agree to promote water safety awareness, education and advocacy to reduce drowning, non-fatal drowning and other water related injuries in Miami-Dade County.

Organization		E-Mail					
Contact Person		Fax					
Direct Phone		Address					
Cell Phone		City		ST		Zip	

This commitment of support shall not be deemed to create any relationship of agency or joint venture between the Miami-Dade Drowning Prevention Coalition and the water safety partners.

Print Name \_\_\_\_\_

Signature (digital signature accepted) \_\_\_\_\_ Date \_\_\_\_\_