

Town of Clay Recreation and Human Resource – Youth Permission Waiver

I understand participation in (name of event) Summer Preschool Play Program involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

(Parent/Guardian signature): _____ on this (Date): _____, does hereby covenant and agree to release and hold harmless the Town of Clay from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law arising out of participation in (name of event): Summer Preschool Play Program during (dates): July 1st-August 16th, 2019 for youth ages 4-5 who have not attended kindergarten.

Pictures and other materials, which include my child, may be used for Town of Clay promotional purposes.

There is no medical insurance carried by the Town of Clay for program participants.

REFUND IN FULL FOR PAID PROGRAM GIVEN 48 HOURS IN ADVANCE OF PROGRAM START.

Child's Name: _____ Date of Birth: _____ Age: _____

Parents Name (please print): _____

Address: _____ City: _____ State: _____ Zip _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address (optional): _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency: _____

Please list below the person/persons & their phone number, other than yourself that are allowed to pick up your child:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

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Director/Recreation Aide _____ Date: _____