

CONSENT AND RELEASE FORM

City of Oak Ridge Recreation & Parks Department Summer Programs

My child has been examined by a physician within the past 12 months and is found to be physically able to participate in the Recreation and Parks Department Recreation Leader in Training Program, which may include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory and nervous systems, can occur. I fully understand the risk of injury arising from my child's participation in Recreation and Parks Department Summer Programs and I accept that risk as a part of granting permission for my child's participation. I also grant permission for my child to participate in all field trips planned for the Recreation and Parks Department Summer Programs. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge the City of Oak Ridge and any and all of its agents, employees and servants, from any and all liability of every kind, character and description from and by reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of the City of Oak Ridge Recreation and Parks Summer Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I or my child will ever have or now have against the said City of Oak Ridge as a result of my child participating in its Summer Programs.

In case of an emergency, the City of Oak Ridge and/or its employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the Summer Programs.

I/We do hereby acknowledge that I/We have received a copy of and have read the Summer Program Policies, and agree to abide by the same policies.

(Signature of parent/guardian)

Date

(Signature of parent/guardian)

Date

Mother's Name:	Primary phone:	Alternate phone: (a)	(b)	FOR STAFF USE ONLY:	
Father's Name:	Primary phone:	Alternate phone: (a)	(b)		
Emergency Contact if parents unavailable:	Phone:	Relationship:			
Family Physician/Phone: _____		Insurance/Policy #: _____		Nonresident Fee:	
List any medical concerns, known allergic reactions to bee stings, poison ivy, etc.					
List all people who have permission to pick up your child:				TOTAL:	
Name: _____	Relationship to child: _____	Phone: _____		By: _____	
Name: _____	Relationship to child: _____	Phone: _____			
Name: _____	Relationship to child: _____	Phone: _____			
Is there any child custody information that we need to know concerning the safety of your child? Yes ___ No ___ Add details on back.					