

## Camp Consent and Release

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 Summer Programs, 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.

I give permission and consent for the City of Oak Ridge, its representatives, and employees to take photographs and video of my child during camp session activities. I further authorize the City to copyright, use, and publish such photographs and videos in any medium; and I give permission and consent that any such photographs and/or videos may be published and used by the City of Oak Ridge for any lawful purpose including but not limited to illustration and promotion of the camp experience, camp programs, and the City in general. Published material may appear in print, online, and on television as well as on City-owned and operated social media accounts at any time in the future.

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 \_\_\_\_\_ Date \_\_\_\_\_