

## **Park and Recreation Summer Camp Waiver and Release of Liability Form**

I hereby give my permission for my child(ren) to participate in the Town of Bethany's Park and Recreation Summer Camp Program.

Participation in any summer camp program which involves physical activity exposes the participant to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the participant from all conceivable dangers. I hereby affirm that my child(ren) has/have no conditions that would make it unsafe for him/her/them to participate in the program(s) selected.

I understand that the Town may exclude my child(ren) from a program that my child(ren) fail to abide by the health and safety protocols, disrupt, impede or interfere with the operations of the program, or threaten the health, safety or welfare of other participants or staff, and that no refund of any fees will be made in such circumstances.

**Medical Consent:** I understand that the Park and Recreation Department will make every effort to contact my child(ren)'s emergency contact in case of an emergency. I give my permission for the Park and Recreation Department to administer any medications needed and to provide and arrange for and consent to any necessary medical treatment for my child(ren) while at the program, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

**Photography Release:** In consideration of child(ren)'s participation in a Town program, and without any further consideration from the Town of Bethany, I hereby grant permission to the town, department, staff and affiliates to utilize my child(ren)'s appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The department may use my child(ren)'s, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

   I accept    I decline photography release for my child(ren)

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge the Town of Bethany, Park and Recreation Department, its trustees, officers, employees, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation. I agree, for myself and my child(ren), not to make any type of legal or equitable claim on the Town of Bethany, or any of its trustees, officers, employees, agents, insurers or contractors with respect to any injury my child(ren) may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the Town of Bethany, including other campers. I further agree that if any such claim is made, I will indemnify and defend the Town of Bethany with respect to any such claim, injury or damage.

Name of Camper(s)/Age(s): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Full Name: \_\_\_\_\_