

NORTH COUNTY RECREATION AND PARK DISTRICT

Participant's Name:	Age:	
Parents Names(if under 18):		
Street Address:		
City:	State:	Zip:
Day phone:	Evening phone:	
Emergency Contact:	Phone #:	

WAIVER AND RELEASE FORM

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (it's officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participation in said activity. Release also includes the use of any photographs taken during the activity to be used solely for district marketing purposes only and will not be sold or reproduced for profit in any way.

Parental Consent: (to be completed and signed by parent/guardian if applicant is under 18 years of age)

I hereby consent that my son/daughter, _____, May participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Participant/Parent/Guardian's Signature

Date

Medical Release Form

Authorization for another to consent to Treatment of Minor

As the parent or legal guardian of _____, I hereby authorize and give my consent for any emergency medical, surgical or dental treatment for my son/daughter (listed above), should it be deemed advisable by a qualified physician or dentist.

Members of the North County Recreation and Park District Staff or another responsible adult escort is authorized to act on my behalf should a medical/dental emergency arise while participating in the North County Recreation and Park District Summer Camp activities. I understand that this is to avoid undue delay and assure prompt attention/treatment and that only a licensed and qualified physician/dentist will be engaged for such an emergency. During this period, the parent or legal guardian of the above - named child can be contacted at one of the following:

Parent/Guardian's Signature

Date

Home Phone:	Work Phone:	
Other contact point:		
Address:		
City:	State:	Zip:
Insurance Carrier:		
ID #:	Name of emergency contact:	
Emergency Home #:	Emergency Work #:	

Individual Information

Name:	Phone:	
Grade:	Birth date: / /	Age:
Address:		
City:	State:	Zip:
Allergies:		
Other information treating physician may need:		