

## Waiver and Release Form for Summer Camp

### **Liability Release and Parental Consent Form**

In consideration of the acceptance of my application for the summer recreation program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in said summer program. This release is intended to discharge in advance the Town of Clinton, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

### **Consent of the Parent or Guardian**

I give consent for my child, \_\_\_\_\_ to participate in the above summer program, and I execute the above liability release on my child's behalf.

### **Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Town of Clinton will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

**I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.**

_____ Parent/Guardian Signature	_____ Print Name	_____ Date
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_____ Childs Signature	_____ Print Name	_____ Date
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**Photo Release Form for Minor Children**

I, \_\_\_\_\_ hereby authorize the Town of Clinton to publish the photographs taken of me and/or the minor children listed below, and our names, for use on the Town of Clinton website and/or Town of Clinton Summer Recreation Program website and for display in the town/ recreation facility. I release the Town of Clinton and the recreation program from any expectation of confidentiality for the minor children and myself and attest that I am the parent or legal guardian of the child or children listed below and that I have the authority to authorize the Town of Clinton and the recreation program to use their photographs and names. I acknowledge that since participation in publications and websites produced by the Town of Clinton or the recreation program is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Town of Clinton or the recreation program confers no rights of ownership whatsoever. I release, the Town of Clinton its officials, agents, volunteers, contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the minor child or children listed below.

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Names and Ages of Minor Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_