Town of Clay Recreation and Human Resource – Youth Permission Waiver

I understand participation in (name of event) _____ may involve rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

(Parent/Guardian signature)_____on this (Date): _____, does hereby covenant and agree to release and hold harmless the Town of Clay from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law arising out of participation in:

Name of event: _____ during (dates) _____.

Pictures and other materials, which include my child, may be used for Town of Clay promotional purposes.

There is no medical insurance carried by the Town of Clay for program participants.

REFUND IN FULL MAY BE GIVEN ONLY 48 HOURS IN ADVANCE OF PROGRAM START.

Child's Name: _____

Parent/Guardian Name (Please Print):_____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age:_____ Grade:_____ School: _____

Phone # (1) _____ Phone # (2): _____

Email Address: _____

Medical/Allergy History:

_____

Additional Person/Phone # to contact in an emergency:

_____

_____

Shirt Size (if applicable) YS_____ YM_____ YL_____ AS_____ AM_____ AL_____ AXL_____

Check/Money Order #: _____Cash Receipt # _____ Amount Paid:_____