

Doctor's Name _____ Phone _____

Doctor's Address _____ City _____

PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE.

To the fullest extent permitted by law, in consideration of the City of Everett granting my child the opportunity of attending or participating in the Everett Parks Day Camp Program for the purpose of leisure enjoyment; and recognizing the fact that no benefits are derived by the City of Everett by allowing my child to attend or participate, I hereby release and hold harmless the City of Everett, its officers, employees, agents and volunteers from any and all liability claims, damages, costs, and expenses for both personal injury and/or property damage which may arise as a result of my child's participation in the program. I agree to assume all risks associated with the program. In case of any emergency, and you are unable to contact me/us and/or you believe it is necessary to obtain the services of a doctor and/or hospital without first contacting me/us, I hereby authorize you and my doctor or hospital to immediately render all services and treatment deemed necessary at my/our expense. I believe this child is not at risk of harming him/herself or others while in attendance in this day camp program.

I certify that the above information is true, correct, and complete. I understand that my child may become ineligible for any misrepresentations, falsifications or omissions in the above statements.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release printed above.



Signature of Parent/Guardian

Date

PHOTO/VIDEO RELEASE: I hereby grant permission and authorize the City of Everett to use, publish, copyright, and re-publish my photography of my child's photograph/video, in whole or in part, unchanged or modified, in all media that exists now or later, for purposes of promoting, describing and advertising City facilities and events and programs sponsored by the City of Everett. I also release and waive any and all claims against the City for such use, publication and re-publication.

I have read, understood, and voluntarily accepted the conditions of the Photo/Video Release printed above.



Signature of Parent/Guardian

Date

REGISTRATION NOT VALID WITHOUT SIGNED WAIVER

