Summer Playgrounds Program

AUTHORIZATION AND APPLICATION TO PARTICIPATE, RELEASE OF LIABILITY AND WAIVER

PLEASE PRINT. APPLICATION MUST BE COMPLETED IN FULL. ONE APPLICATION PER PARTICIPANT.

NAME OF PROGRAM SITE (CIRCLE ONE):

CHAPMAN GARNET GILBERT MAPLE RICHMAN ORANGETHORPE

NAME OF PARTICIPANT: _____

PARTICIPANT BIRTHDATE: _____ AGE: _____

NAME OF PARENT OR LEGAL GUARDIAN: _____

ADDRESS: _____
(STREET) (CITY) (ZIP CODE)

HOME PHONE NUMBER: (_____)_____ OTHER PHONE NUMBER: (_____)_____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO PARTICIPANT: _____ PHONE: (_____)_____

AUTHORIZATION FOR PARTICIPATION

I / WE authorize the above named participant to participate in the above stated program or event sponsored by the CITY OF FULLERTON, Parks & Recreation Department.

AUTHORIZATION FOR MEDICAL TREATMENT

In case of accident or other emergency, I/we, the parent/legal guardian of the above stated participant, hereby give permission for the CITY OF FULLERTON and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, to obtain emergency medical treatment for participant should medical treatment be required.

I/WE acknowledge that the CITY OF FULLERTON has no insurance to pay for the costs of medical treatment required by my/our child and do further acknowledge and agree that any such medical or related expenses incurred by my/our child will by my/our sole responsibility.

PARTICIPANT'S DOCTOR: _____

TELEPHONE NUMBER: (_____)_____SEIZURES: _____YES _____NO

IF "YES" PLEASE STATE HOW OFTEN AND WHAT TYPE USUALLY OCCUR:

_____

PRESCRIBED MEDICATIONS: _____

(SEE REVERSE SIDE TO COMPLETE)

OTHER MEDICAL CONDITIONS (PLEASE DESCRIBE, I.E. DIABETES, ALLERGIES, ETC.):

_____

PHYSICAL OR DEVELOPMENTAL DISABILITIES (PLEASE DESCRIBE):

_____

ANY OTHER INSTRUCTIONS OR PRECAUTIONS:

_____

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

For and in consideration of permitting my/our child to enroll in and participate in the SUMMER PLAYGROUNDS recreational program sponsored by the CITY OF FULLERTON, I/we, the undersigned parent/guardian, hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to the above stated participant arising as a result of participation in said recreational program or any activities incidental thereto wherever or however the same may occur and for whatever period said program may continue, and the undersigned parent/guardian does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute or present any claim for personal injury, property damage or wrongful death against the CITY OF FULLERTON and its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

IT IS THE INTENTION OF _____ (parent/guardian initials) BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF FULLERTON AND THE RELATED PARTIES MENTIONED HEREIN, FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE NEGLIGENCE OF ANY PERSON OR ENTITY.

In addition, the undersigned parent/guardian has been notified that participants involved in City-sponsored recreation program are subject to being photographed or videotaped, and I/we hereby give permission for the CITY OF FULLERTON to use such photographs or videotapes to publicize and promote the City's recreation programs.

I/we, the undersigned parent/guardian hereby expressly acknowledge and agree that:

1. There is a risk of injury, including serious and permanent injury or death, from my/our child's participation in the activities involved in this program or event.
2. I/we knowingly and freely assume all risks of my/our child's participation in this program or event, and assume full responsibility for his/her participation
3. The undersigned parent/guardian, on behalf of said participant and for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injuries, property damage or wrongful death shall be prosecuted against the CITY OF FULLERTON and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, he/she shall defend, indemnify and save harmless the same CITY OF FULLERTON and the aforementioned related parties from any claim, cause of action, loss, liability, damage, lawsuit, cost or expense (including reasonable attorney's fees) by whomever or wherever made or presented for said personal injuries, property damage or wrongful death.

The Undersigned acknowledges that I/we had personally read, understand, and voluntarily sign this release and waiver of all liability and indemnity agreement, am/are fully aware of the potential risk and hazards which are inherent to engaging in the specified recreational program or any activities incidental thereto, including but not limited to, any negligent acts performed by the CITY OF FULLERTON and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, negligently created or maintained dangerous conditions of public property, weather conditions, equipment, machinery, playing conditions, other participants, on-site physical premises, structures or substantial works of improvement. The Undersigned voluntarily assumes all risks of loss, damage, or injury associated with his/her participation in the specified recreational program or any activity incidental thereto. Further, the Undersigned hereby agrees to inform the CITY OF FULLERTON of any changes to the information contained within this Authorization as soon as such new information is available.

SIGNATURE OF PARENTS/LEGAL GUARDIANS:

_____ _____

DATE: _____ DATE: _____

FULLERTON PARKS & RECREATION
SUMMER PLAYGROUNDS PROGRAM

Program Guidelines Agreement & Dismissal Authorization Form

NAME OF PROGRAM SITE (CIRCLE ONE):

Chapman Garnet Gilbert Maple Richman Orangethorpe

Child's Name: _____

Gender (please circle): Male Female Birth Date: _____

Parent/Guardian: _____

Address: _____
(Address) (City) (Zip Code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Please Check One:

_____ My Child may walk home at _____.
(Time: Program ends promptly at 4:00pm)

_____ I will have an adult pick up my child from the playground site.

Name of Adults (18 years of age) authorized to pick up my child:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

The Undersigned acknowledges that I/We have personally read, understand, and voluntarily agree to the attached SUMMER PLAYGROUNDS PROGRAM GUIDELINES. I/We also state that the above information is correct.

_____

(Printed Name) **(Signature)** **(Date)**