

Fort Wayne Parks and Recreation Department
705 East State Boulevard, Fort Wayne, Indiana 46805
260-427-6000 (Phone)
260-427-6020 (Fax)
www.fortwayneparks.org

AUTHORIZATION, RELEASE, ASSUMPTION OF RISK AND INDEMNITY

In consideration of Fort Wayne Parks and Recreation Department (“ Parks “) accepting _____ (insert name of child) (“ Camper “), a minor, in the _____ Day Camp program, the undersigned parent/legal guardian (select one) of Camper represents and agrees as follows:

I hereby approve and grant permission for Camper to attend the _____ Day Camp (“ Day Camp “) and to participate in all of the Day Camp’s activities. Camper’s participation is voluntary and I recognize and assume responsibility for all risks associated with Camper’s attendance and participation, including travel to from and during the Day Camp and all other inherent, external and incidental risks.

I hereby forever waive, relinquish, covenant not to sue and agree to indemnify, defend and hold harmless the City of Fort Wayne, Indiana, the Fort Wayne Board of Park Commissioners and their respective members. Directors, officers, employees, volunteers, representatives, agents, departments and divisions (each a “ Releasee and collectively, the “ Releasees “) to the extent permitted by law from and against any and all claims, charges, demands, obligations, liabilities, costs and expenses (including legal costs and reasonable attorneys’ fees) arising from property damage, personal injury or death in connection with Camper’s attendance at the Day Camp and participation in the Day Camp’s activities during the Day Camp session (each a “ Loss and collectively the “ Losses “) including any Loss caused or associated with my negligent or intentional conduct or the negligent or intentional conduct of any Releasee .

I hereby authorize Parks’ employees to act according to their best judgment in any situation requiring medical attention for Camper , including routine health care, and seeking emergency medical treatment including the ordering of x-rays and routine tests. I agree to release any records required for insurance purposes. I agree to be responsible for providing medical insurance coverage for Camper and to be solely responsible for payment of all medical costs for Camper not covered by medical insurance. I authorize Parks to arrange transportation for Camper in connection with any medical treatment . In the event I cannot be reached in an emergency, I authorize the physician selected by Parks to secure and administer treatment, including hospitalization, for Camper.

I hereby authorized Parks’ employees to dispense prescribed medication (if applicable) and over the counter medication (if applicable) to Camper during the Day Camp session. I have completed and attached the “ Medication Permission Forms “ and will supply Day Camp with adequate amounts of prescribed medication and/or over-the-counter medication, each in its original, clearly marked container. I acknowledge that my failure to provide the prescribed

medication and/or the over-the-counter medication in their original containers together with a true and exact copy of the prescription for the medication(s) and the completed Medication Permission Forms, such medication will not be dispensed to Camper.

I hereby authorize Parks' employees to apply sunscreen (SPF #15 or higher) and insect repellent on Camper on a daily basis as required during the Day Camp session.

Parks SHALL/SHALL NOT (select one) have the irrevocable right to film, videotape and photograph Camper for lawful purposes and to use, display and feature Camper's photograph and likeness in perpetuity in any publication or media format .

I represent that I am the lawful parent or legal guardian of Camper.

I have read, understand and agree to be bound by the terms and obligations of this document which shall also be binding upon my heirs, legal representatives, successors and assigns. If any portion of this document is held invalid or unenforceable, I will continue to be bound by the remaining terms hereof.

PLEASE PRINT:

NAME OF CAMPER: _____

NAME OF DAY CAMP: _____

NAME OF PARENT/LEGAL GUARDIAN: _____

DATE: _____

SIGNATURE: _____

PARENT / LEGAL GUARDIAN (select one)