

EMERGENCY PERMISSION SLIP, WAIVER OF LIABILITY, AND PHOTO RELEASE

Please DO NOT list siblings together on the same form. Each participant needs their own form.

SUMMER 2023

Camp Tenderfoot; Camp Little Walnut; Camp Clever Creek; Camp Larkey;
Walnut Creek Day Camp; Camp 301 @ Heather Farm; Junior Recreation Leader; Staff



PROGRAM: _____

PARTICIPANT NAME _____ HOME PHONE _____

ADDRESS _____ BIRTHDATE _____ AGE _____

CITY _____ ZIP _____ WEIGHT _____ HEIGHT _____ M _____ F _____

PARENT _____ PHONE (hm) _____ ALTERNATE PHONE _____

PARENT _____ PHONE (hm) _____ ALTERNATE PHONE _____

GUARDIAN _____ PHONE (hm) _____ ALTERNATE PHONE _____

EMERGENCY PHONE (local relative or neighbor, if we cannot reach child's parent/guardian)

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

LIST ADDITIONAL PERSONS, NOT NAMED ABOVE, AUTHORIZED TO PICK UP YOUR CHILD.

NAMES OF ANYONE **NOT ALLOWED** TO PICK UP YOUR CHILD.

PARTICIPANT MEDICAL HISTORY

Please describe any serious illness or major injuries _____

Please describe any medical, psychological or emotional problems we should be aware of _____

Please describe any food, medication, insect bite or sting allergies that we should be aware of, and explain

Is your child on any medication? _____ If yes, what medication and for what purpose? _____

Does your child have special needs you want to discuss with us? _____

EMERGENCY PERMISSION SLIP

I am the parent or legal guardian of the above named child. He/she is in good health, and I give my permission for him/her to participate in Program. I assume full responsibility for any personal injuries or property damage incurred by him/her in connection with participation. In case of emergency, I authorize the City's representative to call the following physician in case of emergency and to consent to any X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a surgeon, dentist or physician.

DOCTOR _____ PHONE _____

NAME OF MEDICAL PLAN _____ MEDICAL OR POLICY # _____

DENTIST _____ PHONE _____

In an emergency, your child will be taken to the nearest emergency facility and the parent/guardian notified immediately. In the case of a non-life threatening injury, the parent/guardian will be called and their specific instructions will be followed.

PARENT OR GUARDIAN
SIGNATURE _____ DATE _____

WAIVER OF LIABILITY AND PHOTO RELEASE

I recognize and acknowledge that there are certain risks with participation in recreation programs. In consideration of my child's participation in the Program, I voluntarily release the City of Walnut Creek from liability for property damage, injuries, or death resulting from or in any way connected with that participation (except to the extent caused by the City's active negligence or willful misconduct). This Waiver and Release is binding on me, my heirs and dependents. (In this document, references to the City include its officers, agents, employees and volunteers.) I voluntarily and expressly assume all the risks of my child's participation in the Program. I also agree to indemnify the City of Walnut Creek against any claims or rights of action for damages which my child has before or after he or she reaches the age of majority.

I understand that the City reserves the right to photograph activities and participants; those photos remain the City's property for potential future use for publicity or promotional purposes.

SIGNATURE _____ DATE _____