

LITTLETON PARK PROGRAM

Informed Consent and Acknowledgement:

I hereby give my consent for my child's participation in any activities prepared by the Littleton Parks and Recreation during park program. I assume all risks and hazards associated with the activities and hold Littleton Parks and Recreation Department, and all their agents, principals, employees and representatives harmless from any such claims of injury that results from traveling to, participating in, or returning from Littleton Park Program.

If an injury occurs to said child, I hereby waive all claims against Littleton Parks and Recreation Department, including all staff, affiliates, and participants. There is a risk of being injured that is inherent in all sport activities. Some of these injuries include, but are not limited to, the risk of fractures, broken bones, paralysis, or death.

By signing this agreement, I acknowledge and consent to the following:

1. That no claim will be made by the signer on behalf of myself or my child for personal injuries or other losses sustained by my child as a result of them participating in the Park Program.
2. I consent to my child's participation in all structured camp activities, including G-Rated or PG-Rated movies, swim lessons, and swim activities.
3. I consent to the use of my child's photo, video, artwork, etc. by the Littleton Parks and Recreation Department for means of advertising the program. At no time will a camper be identified by name in a picture or video without prior special permission not covered by this consent.
4. I acknowledge that my child's participation in Park Program may be considered a dangerous activity. This agreement is understood by the signer that The Littleton Parks and Recreation Park Program will use their best efforts in the conduct of the day camp program.

Parent/Guardian Signature

Date

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Parent/Camper Contract:

I have read and understand the policies and procedures described in the park program handbook. I assume responsibility for my child(ren) and myself to abide by these policies and procedures. I understand that failure to do so can result in consequences pertaining to my child's attendance at the park program or on field trips. I have read the Park Program discipline policy with my child(ren) and have explained the steps that will be taken if my child misbehaves while under the discretion of Park Program staff.

I, as a Park Program camper, have read the discipline policies of park program with my parent/guardian, and understand the consequences that will occur with my failure to follow the policy.

Child's Name (printed)

Camper Signature

Parent/Guardian Signature

Date

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Medical Release:

I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the camper, in the event of a medical emergency that requires immediate attention to prevent further endangerment of the minor's life, physical impairment, pain, suffering, or discomfort if treatment is delayed.

I hereby grant permission to the attending physician to proceed with any medical or minor surgical treatment, X-ray examination and immunizations for the camper in Park Program. In the event of an emergency, I understand that every attempt will be made by the attending physician to contact me in the fastest way possible. The authorization of such medical efforts is granted only after a reasonable effort has been made to contact me.

I hereby grant the Littleton Parks and Recreation and its staff to provide the needed emergency treatment prior to the child's admission to the medical facility. I authorize this release on the dates provided for the Summer Park Program for the duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose that medical treatment will be authorized in emergency situations, and for the protection of life and limb of my child in my absence.

I hereby give permission for my child(ren) to participate in the Littleton Park Program Summer Camp. I have read and understand all the information on this form and I consent to my child attending camp this summer.

(If applicable - for use of prescription medications only) I hereby grant permission for Park Program personnel to give medication to my child(ren) as prescribed on the bottle. I will provide any medication that my child(ren) needs to the director of park program. Bottles will be labeled and given to the director directly from the parent/guardian. Kids may not possess prescription or non-prescription drugs on their own person during park program.

Please indicate with a check or (x) if applicable: _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date