



Trip Permissions & Release From Liability

Today's Date

MM/DD/YY

/ /

RELEASE FROM LIABILITY STATEMENT

I understand that my child, _____, is participating in a Youth Day Trip program through the Loveland Parks and Recreation Department. I am aware that in an active program such as this, there are risks which are inherent in the activity. I am willing to assume these risks for my child and further will hold the Loveland Parks and Recreation Department and its employees harmless from any such injuries which may result in the normal course of the properly supervised activities. I also understand that although this activity is sponsored by the Loveland Parks and Recreation Department, it is being conducted, as least in part, on premises not owned or operated by the Department. I hereby acknowledge that, under such circumstances, the Department shall not be liable for injuries or harm incurred as a result of my (child's) participation in this activity and I hereby agree to release and hold the Department and its employees harmless from any and all liability relating to injuries or harm, to person or property, which occurs on any premises not owned or operated by the Department. This waiver and release shall be binding on my heirs, successors and assigns.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION/EXCLUSIONS FROM PARTICIPATION IN ACTIVITIES

I hereby give permission for my child to go on trips away from the Chilson Recreation Center whether on foot or by vehicle. I give permission for my child to participate in all Youth Day Trip activities with the following exceptions: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to Chilson Rec Center Day Trip staff to call a doctor or emergency medical service in the event of an emergency situation; and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that the Chilson Rec Center Day Trip staff will make a concerted and conscientious effort to locate the emergency contact(s) listed on the Emergency Contact Form before any action will be taken. In the event that the above mentioned contacts cannot be reached or located, I hereby accept the expense of emergency medical or surgical treatment as deemed necessary by emergency personnel.

Parent/Guardian Signature: _____ Date: _____