

4-DIGIT CODE:

Program Participation Information

Camper's Name \_\_\_\_\_ Birthday \_\_\_\_\_ M \_\_\_ F \_\_\_

Home Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

School Attended \_\_\_\_\_

**SIGN OUT RELEASE (Approval for alternate person to sign camper out):**

\_\_\_\_ I do hereby signify by my initials to give my permission for my child to be released to the person(s) listed below:

Name	Relationship to Camper	Phone Number
------	------------------------	--------------

Name	Relationship to Camper	Phone Number
------	------------------------	--------------

Name	Relationship to Camper	Phone Number
------	------------------------	--------------

\_\_\_\_ I do hereby signify by my initials that **IDO NOT** give my permission for my child to be released to the person(s) listed below:

Name	Relationship to Camper
------	------------------------

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE TO HAVE READ AND UNDERSTOOD ALL THE INFORMATION CONTAINED ON THIS DOCUMENT AND TO HAVE APPROVED ALL RELEASE, PERMITS, AND WAIVERS CONTAINED HEREIN.

Signature of Parent/Guardian	Date
------------------------------	------

**Photo Release:**

I grant the City of Bedford my permission to use the photographs taken at the program for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Signature of Parent/Guardian	Date
------------------------------	------

4-DIGIT CODE:

Program Participation Information

**Medical Information:**

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Is your child allergic to any medications, food, or other items? Yes \_\_\_\_\_ No \_\_\_\_ *If yes, please list:*

Does your child have any special problems or needs? Yes \_\_\_\_\_ No \_\_\_\_ *If yes, please attach a statement describing the needs.*

Will your child need to take medication while attending the program? Yes \_\_\_\_\_ No \_\_\_\_ *If yes, please complete the following information. Medication: (type, dosage, and time taken)*

**Medication Waiver:**

All medication must be in proper prescription bottles with instruction for the administration of the medicine on the label. The medication sent to the center must contain only the daily dosage. Staff are not permitted to accept any larger doses. If there are any changes in the dosage, time frequency, or administration of the medication, it is the parent's/guardian/s responsibility to inform the staff in writing. The undersigned does hereby acknowledge that the instruction on the pharmaceutical container are accurate and agrees to allow the City of Bedford's staff to assist, if necessary, in the administration of the medication to their child and waive any claim against the City of Bedford or its staff.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**AUTHORIZATION AND RELEASE FORM:  
KNOW ALL BY THESE PRESENTS**

By signing below as "RELEASOR," and in consideration of the privilege of participating in an City of Bedford Parks and Recreation Department ("CITY") activity or in consideration of renting or using any CITY personal, real, or any other property, I do for myself and minor child or children, my heirs, executors, representatives, administrators, and assigns, hereby release, indemnify, defend and hold harmless CITY and all of its officers, officials, agents, employees and invitees, in both their public and private capacities, from and against and all liability, claims, suit, losses, damages and cause of action, including all expenses of litigation and/or settlement for death, injury to, or debt of any person, or of loss of, damage to, or loss of use of any property arising out of or in connection with the above described rental of CITY activity. Such indemnity shall apply whether the claims, suits, losses, damages, cause of action or liability, arise in whole or in part from the consequences of CITY's own negligence where that negligence is a concurring cause of injury, death or damage. CITY is responsible for its own sole negligence provided, however, CITY is not responsible for a good faith action or inaction to render assistance in the event of property damage or personal injury.

RELEASOR understands that this waiver of liability and indemnification is intended to be as broad as possible and as inclusive as permitted by the laws of the State of Texas and that if any portion is held invalid, then the balance shall continue to full legal force and effect. It is further understood that execution of this waiver of liability and indemnification will not constitute a waiver by CITY of the defense of governmental immunity, where applicable, or in any other lawful defense. RELEASOR signs this waiver and indemnification voluntarily and with full knowledge of its meaning and significance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date