CITY OF LAKE WORTH
Recreation Department
Summer Sports Camp Participation Form

PROGRAM LIABILITY WAIVER/FIELD TRIP CONSENT

I, _____, the Parent/Legal Guardian of _____, hereby give my approval for the above-named child to participate in the City of Lake Worth Summer Sports Camp Program, including any in-house activities or outside field trips. I acknowledge and fully understand that my child will be engaging in activities that involve risk of serious injury including permanent disability and death. Furthermore, there may be other risks not known or not reasonably foreseeable at this time. I assume all incidental risks and hazards to such participation including transportation to and from program activities.

I hereby waive, release and agree to hold harmless, the City of Lake Worth, its employees, council members, independent contractors, volunteers and participants from any claim arising out of an injury, loss or damage to the person or property of my child while participating in this program. I understand accident insurance is not provided by the City of Lake Worth for my child while participating in this program.

In the event of any emergency, I hereby authorize treatment of the above-named participant by the nearest hospital and its staff or an Emergency Medical Unit at the scene. I shall not hold the City of Lake Worth, its agents, designees, employees, volunteers and elected officials responsible, in case of an accident, as I am assured that maximum attention will be given to all safety precautions.

I further understand that I shall be responsible for any and all costs associated with hospital treatment or the transportation of my child for medical treatment.

DECLARATION: I HAVE FULLY READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS RELEASE.

_____	_____	_____
Parent/Guardian Signature	Print Name	Date

Child's Full Name _____

PHOTO CONSENT

I understand that the City of Lake Worth Summer Sports Camp program provides this service with funds administered by the City of Lake Worth and Palm Beach County Summer Camp Scholarship Program. I, the undersigned, do hereby authorize the City of Lake Worth and Palm Beach County Summer Camp Scholarship Program to take photographs of my child and to use these photos for the purpose of helping to publicize this program, which may include media coverage and viewing by the general public. By signing below, I am giving my legal authorization for the above use of photos.

_____	_____	_____
Parent/Guardian Signature	Print Name	Date

☐ **I do not grant permission for my child's photo to be used for the purposes listed above.**