

**Wednesday Afternoon Program
2011-2012 School Year
Oak Ridge Recreation & Parks Department**

Name:	
Age:	DOB:
Address:	
Phone:	Alt. Phone:
Parent's Name:	Day Phone:
Emergency Contact:	Day Phone:

CONSENT AND RELEASE FORM

City of Oak Ridge Recreation & Parks Department Programs

My child has been examined by a physician within the past 12 months and is found to be physically able to participate in the Recreation and Parks Department Programs, which may include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory and nervous systems, can occur. I fully understand the risk of injury arising from my child's participation in Recreation and Parks Department Programs and I accept that risk as a part of granting permission for my child's participation. I understand that the Wednesday Afternoon Program will take place only on certain dates and times and that my child will not be supervised outside of the parameters of the program (a list of activities, dates & times are available at the OR Civic Center Front Desk). I grant my permission for Oak Ridge Recreation & Parks Department staff to photograph my child for the purpose of creating a participant identification card and for advertisement of the program as approved by senior staff. I also grant permission for my child to participate in all field trips and watch both PG and PG-13 rated movies as planned for the Recreation and Parks Department Programs. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge the City of Oak Ridge and any and all of its agents, employees and servants, from any and all liability of every kind, character and description from and by reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of the City of Oak Ridge Recreation and Parks Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I or my child will ever have or now have against the said City of Oak Ridge as a result of my child participating in its Programs. In case of an emergency, the City of Oak Ridge and/or its employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the Programs.

I/We do hereby acknowledge that I/We have received a copy of and have read the Code of Conduct (on the back of this document), and agree to abide by these policies.

PARTICIPANT Signature:	Date:
PARENT Signature:	Date: