

**EMERGENCY PERMISSION SLIP FOR PARTICIPANTS
AND WAIVER AND RELEASE OF LIABILITY**



Camp Community Arts

PARTICIPANT NAME _____ HOME PHONE _____

ADDRESS _____ BIRTHDATE _____ AGE _____

CITY _____ ZIP _____ WEIGHT _____ HEIGHT _____ M _____ F _____

*PARENT _____ PHONE(home) _____ ALTERNATE PHONE _____

*PARENT _____ PHONE(home) _____ ALTERNATE PHONE _____

EMERGENCY PHONE (local relative or neighbor, in the event that we cannot reach child's parents)

*NAME _____ RELATIONSHIP _____ PHONE _____

*NAME _____ RELATIONSHIP _____ PHONE _____

*NAME _____ RELATIONSHIP _____ PHONE _____

LIST ADDITIONAL PEOPLE, NOT NAMED ABOVE,
AUTHORIZED TO PICK UP YOUR CHILD(REN).

NAMES OF ANYONE **NOT ALLOWED** TO PICK UP
YOUR CHILD(REN).

PARTICIPANT MEDICAL HISTORY

Please describe any serious illness or major injuries? _____

Please describe any medical, psychological or emotional problems we should be aware of _____

Please describe any food, medication, insect bite or sting allergies that we should be aware of? Please explain. _____

Is your child on any medication? _____ If yes, what medication and for what purpose? _____

Does your child(ren) have special needs that you want to discuss with us? _____

EMERGENCY PERMISSION SLIP

By my signature, I certify that I am the parent or legal guardian of the above named child, that he/she is in good health, and I give my permission for him/her to participate in the Camp Community Arts Winter, Spring or Summer School and/or the Walnut Creek Recreation Division Camp Program. I agree to assume full responsibility for any personal injuries or property damage incurred by him/her in connection with such participation. I further authorize you, to whose care my child has been entrusted, to call the following physician in case of emergency and to consent to any X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a surgeon, dentist or physician.

DOCTOR _____ PHONE _____

NAME OF MEDICAL PLAN _____ MEDICAL OR POLICY NUMBER _____

1. In the event of an emergency, your child will be taken to the nearest emergency facility and the parent notified immediately.

In the case of a non-life threatening injury, the parents will be called and their specific instructions will be followed.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

2. WAIVER AND RELEASE OF LIABILITY In consideration of my child's participation in the City of Walnut Creek activities, I voluntarily release the City of Walnut Creek, its officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with my child's participation in this event; I understand that this waiver and release is applicable even though the negligent activities of the City of Walnut Creek, its officers, agents, employees or volunteers may have caused or contributed to the injury or death or property damage. I understand my child will not be allowed to participate in the program unless this waiver is signed.

SIGNATURE _____ DATE _____

3. Photographs/video: I further understand the City of Walnut Creek reserves the right to photograph/video facilities, activities, and program participants for potential future use. All photos/videos remain the property of the City of Walnut Creek Civic Arts Education and may be used for publicity or promotional purposes only. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

SIGNATURE _____ DATE _____