

Child's Name: _____
(PLEASE PRINT CLEARLY)

I hereby grant permission for _____ to participate in the Essex Park and Recreation Summer Program. I hereby agree to release, discharge and hold harmless the Town of Essex, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Essex to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Essex does not provide insurance for recreational program participants. I further agree to abide by all rules, regulations, codes of conduct for all programs I am participating in. Photo Release: I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Essex to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in the above listed recreational activities.

Emergency Medical Care

List any medical / behavioral conditions we should be aware of:

Any special accommodations needed:

It is the policy of Essex Park and Recreation, in case of accident or medical emergency, to make every effort to contact parents/guardians. However, in the event that we are unable to do so, and your child requires immediate medical care, we require that you sign the following release statement: I HEREBY GIVE PERMISSION TO THE AUTHORIZED MEDICAL PERSONNEL TO HAVE MY CHILD TREATED AT THE NEAREST EMERGENCY FACILITY IF I AM NOT AVAILABLE. I WILL BE RESPONSIBLE FOR ALL INCURRED MEDICAL CHARGES.

Parent/Guardian Signature _____ Date _____

Insurance Carrier: _____ Policy Holder: _____ ID or Policy #: _____

Payable to: Town Of Essex Park and Recreation Mail to: Park and Recreation 29 West Ave. Essex, CT 06426

In order to be in compliance with the Connecticut State Department of Health, Essex Park and Recreation must have written permission on file for ANY and ALL persons (including both parents) who may pick up your child. The state also requires that at least one other person, other than parent/guardian, must be listed. Any persons listed must be at least 16 years of age and must be able to provide a driver's license with photo for identification. **Please remember that pickup time is at 3:30pm.**

I authorize the following local persons to pick up my child. I understand that the staff will not be responsible for policing custodial disputes.

My child may be released to:

- | | |
|---------------------|---------------------|
| 1. Name: _____ | 2. Name: _____ |
| Relationship: _____ | Relationship: _____ |
| Address: _____ | Address: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____