

Camp Waiver Form 2020

Pioneers Park Nature Center, Lincoln Parks and Recreation

Complete form for each camper. Please print clearly.

Camper's Full Name _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Please provide an email address that is checked frequently to ensure the receipt of important camp correspondence.

APPROVED PERSONS WHO THE CHILD MAY BE RELEASED TO AND EMERGENCY CONTACTS (DURING CAMP HOURS) WHEN ABOVE PARENT/GUARDIAN CANNOT BE REACHED:

1. _____ Phone _____
First and Last Name Relationship to Child

2. _____ Phone _____
First and Last Name Relationship to Child

HEALTH INFORMATION

Does your child have allergies (i.e. seasonal, food, insect bites or stings)? YES NO
If yes, please describe the action plan for your child: _____

Does your child have medical conditions (i.e. asthma, diabetes, etc.)? YES NO
If yes, please describe the action plan for your child: _____

Will your child need to take medications while at our program? YES NO
All medication must be brought in the original container.

If you answered YES to any of the previous questions, you may need to complete a medical consent form prior to camp.

This form will be sent to you. Please indicate your preferred delivery: EMAIL MAIL

In the event of any emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered. YES NO

Are there any other special needs or other information the staff should know about the child prior to camp that would help your child have a successful experience? Please explain. _____

Signature of Parent/Guardian _____ Date _____

Office Use Only:			
Discovery - Ages 3-6	Explorers - Ages 6-13	Weeks: _____	T-shirt: _____

****Placement in camp will not be secured until registration, waiver forms, and deposit are received.****

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WARNING OF RISK, WAIVER AND RELEASE OF ALL CLAIMS FOR NATURE CAMP BY PIONEERS PARK NATURE CENTER, LINCOLN PARKS AND RECREATION

I acknowledge that this waiver will be valid for participation in Pioneers Park Nature Center camp programs in 2020. I further acknowledge that if any information changes, it is my responsibility to submit a new waiver form.

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Pioneers Park Nature Center - camp program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or resulting of this program. I/we have read and understand the above Warning of Risk Waiver and Release of All Claims, and understand the effect of the relinquishment of rights hereby waived.

FIELD TRIP/TRANSPORTATION PERMISSION

I/we authorize the City of Lincoln and the Parks and Recreation Department to take my minor child/ward on all field trips, whether by vehicular transportation, walking, or biking during any of the activities of this program. **(Not applicable to Discovery level.)**

MEDIA RELEASE PERMISSION GRANTED TO: City of Lincoln on behalf of Parks and Recreation Department

I, the undersigned, hereby authorize the City of Lincoln and the Parks and Recreation Department, including its assigns and agents, to use my name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use. The Parks and Recreation Department shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:

1. Availability for use in training;
2. Availability for use by the participants in a training course;
3. Availability for viewing in connection with the Parks and Recreation Department;
4. Availability for use of Web pages and other Internet sites created or used by the Parks and Recreation Department;
5. Availability for use in promotional brochures, newsletters, and other publications of the Parks and Recreation Department.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it, and I understand its contents.

Yes

No

By signing below I give permission for my child to participate in program activities. I understand that Parks and Recreation does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules and failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

RELEASE TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF PARTICIPANT WHO IS UNDER 19 YEARS OF AGE----OR IF PARTICIPANT IS 19 AND OVER AND HAS A LEGAL GUARDIAN.

Name of Parent/Guardian _____ Phone Number _____

Address _____

Signature of Parent/Guardian _____ Date _____

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