



Youth Program Emergency Information, Registration, Agreement, Waiver & Release Form

Program Name	Participants' Name(s)	Dates & Times	Guardian's Signature	Date
Before School- GS, CRC, TEL		9/1/20-6/24/21 7:00 am-9:00 am, Monday-Friday		
Kids Korner- GS, CAC, CRC		9/1/20-6/24/21 1:30-5:30 pm, Monday-Friday		
Art Korner - CAC		9/1/20-6/24/21 3:00-5:30 pm, Monday-Friday		

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by the Truckee-Donner Recreation and Park District to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Truckee-Donner Recreation and Park District, (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PARENTAL CONSENT *(to be completed and signed by parent/guardian if participant is under 18 years of age)*

I hereby consent that my son/daughter, named above, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

CONSENT TO TREAT

I, the undersigned parent/legal guardian of the minor(s) listed above, do hereby authorize and consent to any X-ray, examination, anesthetic, medical, or surgical procedure rendered under the general or specific supervision of any member of the medical staff and any emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute care general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by the above named minor(s) and is given to provide authority to transport by emergency vehicle and power to render care, which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatment will not be withheld if the undersigned cannot be reached. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

PHOTOGRAPHIC RELEASE

I understand that photographs may be taken of my child(ren) during Truckee Donner Recreation and Park District programs or events. I give Truckee-Donner Recreation & Park District permission to use any such photos for advertising or in promotional materials.

TRAVEL/FIELD TRIP PERMISSION

I give my permission for my child(ren) to accompany the program(s) listed on this form on local and out of town field trips, either walking, or in District Vehicles. I am aware that travel and/or transportation may be part of the program(s), and schedules of any such trips are available in advance.

REFUND/TRANSFER AND CANCELATION POLICY

Once program month starts, no refunds, transfers or credits will be issued, and fees for all dates canceled will be forfeited. All withdrawal or transfer requests must be submitted before the first of the month. Please email program director or info@tdrpd.org with your request.

If TDRPD cancels a program at no fault of the customer, a credit will be issued for the unattended dates of the program. In order to receive a refund, a written request must be made to info@tdrpd.org and the refund will be issued via check.

Refunds will be issued to the original payer. If refund via check is requested, please allow up to 4 weeks for your request to be processed.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE TRUCKEE-DONNER RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL. I CERTIFY THAT I AM 18 YEARS OR OLDER AND I AM THE PERSON AUTHORIZED TO SIGN THIS WAIVER.

Printed Name: _____

Signature: _____ Date: _____

Youth Program Emergency Information

Please print ALL information clearly

PROGRAM NAME(S): Before School, Kids Korner and Art Korner

Child's Name: _____ M/F Birthdate: _____ Age: _____
Last First

Child's Name: _____ M/F Birthdate: _____ Age: _____
Last First

Child's Name: _____ M/F Birthdate: _____ Age: _____
Last First

Mailing Address: _____

Physical Address: _____

*Guardian's Name: _____ Birthdate: _____ Home Phone: _____ Work: _____

E-Mail address: _____ Cell: _____ Relationship to Child: _____

*Guardian's Name: _____ Birthdate: _____ Home Phone: _____ Work: _____

E-Mail address: _____ Cell: _____ Relationship to Child: _____

Allergies with Special Instructions:

Physician's Name: _____ Phone Number: _____

***If staff is to administer medications to your child please fill out the following:
(Please give staff medications in original container)**

Type of medication: _____ Purpose: _____ Daily amount prescribed: _____

Times to be administered: _____ Special Instructions: _____

Medication Start Date: _____ Medication End Date: _____

Emergency Contacts and others authorized to pick-up: (Other than guardians)

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

ADMISSIONS AND PARENT HANDBOOK AGREEMENT

I have read, understood, and agree to all policies and procedures outlined in the parent manual, including the COVID-19 questionnaire.

Signature: _____ Date: _____