

**City of Davis Community Services Permission Slip  
Waiver of Liability, Medical Release & Indemnification Agreement**

COMPLETE ONE PERMISSION SLIP PER CHILD PER CAMP/PROGRAM (Photocopies are acceptable)

**Participant's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Activity/Program:** City of Davis Summer 2011 Programs **Specify Camp/Program:** \_\_\_\_\_

In consideration for myself and my minor children being permitted by the City of Davis Community Services Department to participate in activities described in the Recreation Schedule Fall/Winter or Summer I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I or my minor children may sustain or which may occur as a result of my or my minor children's participation in these activities.

I understand and agree that:

1. This release is intended to discharge in advance the city, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities;
2. The described activity may be of a hazardous, strenuous, and/or physical nature;
3. Participation in the described activity may occasionally result in injury, death or property damage;
4. Knowing the risk involved, nevertheless I voluntarily request permission for myself or minor child to participate in the described activity;
5. I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the city, its officers, employees and agents, except for their sole negligence or intentional acts;
6. This waiver, release and assumption of risk is to be binding on the heirs and assigns;
7. I will indemnify and to hold the city harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself or my minor children may sustain while participating in said activities;
8. I will make good any loss or damage or cost the city may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf;
9. In the event that said minor requires medical or surgical treatment while under the supervision of said city personnel in connection with the described activity, such supervisor may authorize treatment;
10. I will pay all medical, hospital, or other expenses which I or my minor children may incur as a result of such treatment;
11. I expressly permit said minor child to travel by private automobile to activities and events related to the described activity;
12. Activities are not child care as defined by the State of California.
13. I understand that city staff may photograph or videotape me and/or my minor children and that the city may use such photographs or videotapes to promote city programs and classes. I expressly allow, and hereby, waive any objection to, the city's photographing and/or videotaping of me and/or my minor children when I and/or my minor children are participating in a city recreational program. I understand all photos and videotapes will remain in the property of the City of Davis Community Services Department.
14. The City is not responsible for children following the dismissal of a program (except where otherwise noted in program areas).

I certify that I have custody or am the legal guardian of said minors by court order, and that I and my minor children are physically able to participate in the described activities.

I have carefully read this Waiver of Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the City of Davis, and that I sign it on my own free will. The City may accept future phone-in registrations under these provisions.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian #1 Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Day Phone**

\_\_\_\_\_  
**Evening Phone**

\_\_\_\_\_  
**Cell Phone/ Page Number**

\_\_\_\_\_  
**Parent/Guardian #2 Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_ I have received a copy of the Parent Handbook outlining the Summer 2011 Programs. It is my responsibility to familiarize myself with the specifics of each program my child will be participating in.

**OVER**

**PLEASE FILL OUT THE QUESTIONS BELOW**

In case of emergency, parents will be notified. If parental consent cannot be obtained, in case of emergency please contact:

\_\_\_\_\_  
Name Day Phone Evening Phone Relationship

\_\_\_\_\_  
Physician's Name Physician's Phone Medical Insurance Carrier Medical ID Number

\_\_\_\_\_  
Dentist's Name Dentist's Phone

Does your child currently take any medications?  
NO \_\_\_\_\_ YES \_\_\_\_\_ Please List \_\_\_\_\_

If yes, please select ONE of the following options:

- I authorize my child to administer medication to him/herself.
- I authorize the City of Davis staff to administer medication to my child.

Attach envelopes for any medications you wish us to administer.

**IMPORTANT:** Put only one dose per envelope, then write the type of medication, the day and time to be taken, and any special instructions on the front of the envelope.

Allergies: NO \_\_\_\_\_ YES \_\_\_\_\_ Please List \_\_\_\_\_

Dietary Restrictions: NO \_\_\_\_\_ YES \_\_\_\_\_ Please List \_\_\_\_\_

Sleeping Habits: Does your child wander, need to go to the bathroom, or require special attention during the night? NO \_\_\_\_\_ YES \_\_\_\_\_ Please List \_\_\_\_\_

Does your child have permission to walk or ride a bike home from camp? (Please select one)

- Yes, my child can walk or ride their bike home on these days (check all that apply and include the time)
  - Monday Time: \_\_\_\_\_
  - Tuesday Time: \_\_\_\_\_
  - Wednesday Time: \_\_\_\_\_
  - Thursday Time: \_\_\_\_\_
  - Friday Time: \_\_\_\_\_

- No, my child DOES NOT have permission to walk or ride their bike home.

Other than the parent/guardian, the following person(s) are authorized to pick up my child from the city program:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(For camper safety, we will be checking ID's and comparing them to the approved people on the list. To avoid any inconvenience, please add anyone who will be picking up your child. Thank you for cooperation!)