

# 2024 BLOOMFIELD SUMMER RECREATION PROGRAM

Child's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as if 1/1/24) \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Alternate Phone(s)/Contact(s) in Case of Emergency \_\_\_\_\_

## PERMISSION FORM/WAIVER AND RELEASE OF LIABILITY

*Please read this form carefully and be aware that in participating you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this participation.*

As a participant or parent/guardian of a participant, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I or my minor child/ward may have against the City of Bloomfield, and its officials, officers, agents, servants, employees, volunteers as a result of participating. I do hereby fully release and discharge the City of Bloomfield and its officials, officers, agents, servants, employees and volunteers from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may incur or may accrue to me or my minor children/ward on account of my participation.

I further agree to indemnify and hold harmless and defend the City of Bloomfield and its officials, officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, including death, damages, and losses sustained by me or my minor child/ward and or arising out of connected with, or in any associated with the activities of my participation.

I have read and fully understand the above warning of Risk and Waiver of Release and All Claims.

**Parent/Guardian Signature (Required):**

X \_\_\_\_\_

Date \_\_\_\_\_

**Printed Name of Parent/Guardian:**

\_\_\_\_\_

**\*\*\*Please return form along with a \$25.00 fee payable to Bloomfield Summer Program, to the city offices by Monday, April 1<sup>st</sup>, 2024. For more information, please call Colette Panning at 402-373-2272.\*\*\***

