

### Program Participant Information

Program: \_\_\_\_\_ Session Date(s): \_\_\_\_\_ Level: \_\_\_\_ Time: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

M  F

Parent/Guardian's Name: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Emergency Contact (if guardian's above cannot be reached): \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

**By checking this box, I acknowledge that my information is current**

#### Medical Information

Special concerns, allergies, medical history, or current medications. \_\_\_\_\_

**Medication Waiver:** For children attending all-day programs that require medication to be administered during the program, all medication must be in a proper prescription bottle with instruction for the administration of the medicine on the label. All provided must contain only the daily dosage. Staff is not permitted to accept any larger dosage.

**Changes in dosage, time or frequency must be communicated by the parent/guardian in writing to the Recreation Manager or Camp Coordinators on a Medication Waiver Form.**

Medication to be administered by staff, include type, dosage and time taken:

\_\_\_\_\_

**X** \_\_\_\_\_

**Signature or Participant or Parent/Guardian of Participant**

**Date**

**Photo Release:** I do hereby signify by my initials that I understand photographs taken during Parks & Recreation programs may be used by the City of New Braunfels Parks & Recreation Department for promotion of classes and events. Further, I acknowledge to have read and understood all the information contained on this document and to have approved all releases, permits and waivers contained herein.

### Authorization and Release

**KNOW ALL BY THESE PRESENTS:**

By signing below as "RELEASOR", and in consideration of the privilege of participating in any City of New Braunfels Parks Department ("CITY") activity or in consideration of renting or using any CITY personal, real, or any other property, I do for myself and my minor child or children, my heirs, executors, representatives, administrators, and assigns, hereby release, indemnify, defend and hold harmless CITY and all of its officers, officials, agents, employees and invitees, in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or debt of any person, or of loss of, damage to, or loss of use of any property arising out of or in connection with the above described rental or CITY activity. Such indemnity shall apply whether the claims, suits, losses, damages, causes of action or liability, arise in whole or in part from the consequences of CITY'S own negligence where that negligence is a concurring cause of injury, death, or damage. CITY is responsible for its own sole negligence provided, however, CITY is not responsible for a good faith action or inaction to render assistance in the event of property damage or personal injury.

RELEASOR understands that this waiver of liability and indemnification is intended to be as broad as possible and as inclusive as permitted by the laws of the State of Texas and that if any portion is held invalid, then the balance shall continue in full legal force and effect. It is further understood that execution of this waiver of liability and indemnification will not constitute a waiver by CITY of the defense of governmental immunity, where applicable, or any other lawful defense.

By my initials here, as RELEASOR, I acknowledge this waiver and indemnification voluntarily and with full knowledge of its meaning and significance.

### Sign Out Release

*Approval for alternate person(s) to sign child(ren) in/out*

I do hereby signify by my initials that I give my permission for my child(ren) to be released to the persons listed below:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

I do hereby signify by my initials that I **DO NOT** give my permission for my child(ren) to be released to the persons listed below & have provided legal documentation supporting refusal:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

### Payment & Refund

Payment for each program is due in full at time of registration. Full refunds will only be given if notice is received 7 or more days prior to start of a Program. No refund will be given once class has begun. Registration fees will not be pro-rated for partial attendance.