

MEDICAL RESPONSE

Name of Insurance _____ Policy # _____ Group # _____

Child's Physician _____
(Name) (Street/PO Box) (City) (Zip)

Please list any medical information regarding your child that the *Kids In Action Day Camp/Preschool* staff or other medical professionals should know about

WAIVER AND RELEASE OF ALL CLAIMS

Notice of Risk: I recognize and acknowledge that there are certain risks of physical injury to participants in the Day Camp/Kids in Action Program and associated activities and I agree to assume the full risk of any injuries, damages or loss regardless of severity, including death, which I, my spouse, or my minor child/ward may sustain as a result of participating in Kids In action, Day Camp, Rock Climbing, Preschool and any other activities connected with or associated with such program(s). My waiver and release of all claims pertains to my child's/ward's participation on this day and all days my child/ward may be registered for in the future.

Waiver and Release of All Claims: I agree to waive and relinquish all claims I, my spouse, or my minor child/ward may have as a result of participation in the program against the City of Nampa and all other cooperating agencies, employees, officials and/or managers thereof from any and all claims from injuries, damage or loss which I or any minor child/ward may have or which may accrue to me, my spouse, or minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

Medical Care: I further agree to indemnify and hold harmless and defend the City of Nampa and all other cooperating agencies, employees, contracted workers, officials and/or managers thereof from any and all claims resulting from injuries, damages and losses sustained by me, my spouse, or my minor child/ward arising out of, connected with, or in association with activities of the above program(s). In the event of any emergency, I authorize the program officials to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary for me, my spouse, or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Promotional: I recognize that I, my spouse, or my minor child/ward may be photographed while participating in a program. I agree that the City of Nampa may use these photographs free of charge, and without notice to myself, for promotional materials in a brochure, magazine, news paper or any other type of display the City sees fit.

Transportation: I am aware that the Nampa Recreation Center will provide transportation. Transportation will be provided through transportation methods deemed fit by the Nampa Recreation Center. I agree to allow the transportation of my child/ward to and from the Nampa Recreation Center facility. I further agree to waive, relinquish, indemnify, and hold harmless the City of Nampa and all other cooperating agencies, employees, contracted workers, officials, and/or managers thereof from any and all claims resulting from injuries, damages, and losses sustained by my minor child/ward arising out of, connected with, or in association with activities of the above program.

Program Fees: I agree to pay any and all cost incurred by my child/ward's participation in the Kids in Action program including but not limited to regular registration fees, late registration fees, late pick up fees and collection cost.

Acknowledgement: I have read and understand the Program Details, Waiver and Release of All claims and Permission to Secure Treatment. Before registration in this program is valid, this Waiver and Release of All Claims must be signed by the participant. Where the participant is less than 18 years of age, this Waiver and Release of All Claims must be read and signed by the participant's parent or legal guardian.

Parent/Legal Guardian's Signature: _____ Date: _____