Henrietta Recreation Participant Information Form

Today's Date:_____ Program Name: _____Break Program: AM / PM/ All Day

Participant Name: _____DOB: _____ Age: _____

Participant's Address: _____

1. Parent/Guardian Name: _____

Phone: _____ Work Phone: _____Email: _____

Address: (If different than above) _____

2. Parent/Guardian Name: _____

Phone: _____ Work Phone: _____Email: _____

Address: (If different than above) _____

Who to call if parents cannot be reached:

Name/Relation: _____ Phone: _____

Name/Relation: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Medical Insurance Co: _____ Policy #:_____

Is there any medical or behavioral information that we need to be aware of: _____

_____

_____

Who is allowed to pick up your child from this program?

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Any additional information you would like the staff to be aware of?_____

_____

_____

_____

_____

See other side*

Acknowledgement, Release & Hold Harmless for Participation in Town of Henrietta Programs

I acknowledge that I and/or a minor under my supervision (the "Minor") has requested to participate in a Town of Henrietta Parks and Recreation Program (the "Program"). As part of the consideration for such participation, I hereby acknowledge my understanding of and agreement to the below.

I certify that I and/or the Minor has no medical or physical conditions which would or could interfere with safety in this Program, and that to the extent I and/or the Minor does have a condition, including whether unforeseen or unknown, I assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

I understand that accidents, including serious bodily injury, illness, death and/or property damage, could occur during participation in the Program. I acknowledge that participation in the Program is at my and/or the Minor's own risk, all of which risk I have understood and/or have explained to the Minor, and all of which I expressly agree and promise to accept and assume. I certify that my and/or the Minor's participation in this Program is purely voluntary and is chosen despite these risks.

This risk includes the potential contraction of illness, including for example, coronavirus / COVID-19. This virus and other illnesses can be very contagious, and the risk of exposure and contraction is likely to increase in situations where persons are together and not isolated, such as during participation the Program.

To the fullest extent permitted by law, I agree to bear the cost of any injury, illness or damage that may be caused or suffered by me and/or the Minor while participating in the Program, and I release, indemnify and hold harmless the Town of Henrietta for any claims, losses, liability, charge, cost, expense or damages of any nature whatsoever, including reasonable attorney's fees, which may arise from or in any way relate to the Program, whether caused by negligence of the Town or otherwise, whether by accident, unforeseen or otherwise, specifically including but not limited to claims of mine and/or the Minor.

I understand that the Town of Henrietta does not provide accident and/or medical insurance coverage for participation in the Program, and certify that I have sufficient medical coverage to cover any medical needs which may arise out of participation in the Program.

By signing this document, I acknowledge that if a potential claim arises in relation to me and/or the Minor's participation in this Program, a court of law may find me to have waived the right to maintain a lawsuit against the Town of Henrietta as a result of this document.

Additionally, I understand, acknowledge and agree that the Town of Henrietta may videotape or photograph program participants for exclusive use by the Town of Henrietta only, in the Town's catalogs, website, brochures, pamphlets, and/or flyers for purposes of publicizing its programs. I grant full permission to the Town to use me and/or the Minor's photograph or video for such purposes without obligation or liability.

If any part of this agreement is deemed void, the remainder of the agreement shall remain enforceable.

I understand and agree to the above:

Parent/Legal Guardian Signature _____ Date _____