

**Release and Authorization Form
"Fort Wayne Parks and Recreation Day Camps"**

_____ I hereby grant permission for my child/ward ("child") to attend the Fort Wayne Parks and Recreation Department Day Camp(s). I also acknowledge that my child's participation is purely and entirely voluntary and there are certain substantial and inherent risks involved in the activities at Camp.

_____ I hereby release, waive and covenant not to sue for, and I shall indemnify, defend, and hold harmless the City of Fort Wayne, Indiana, its officers, employees, representatives, agents, volunteers, departments and divisions from and against any present or future liability, claim(s), demand(s), cause(s) of action, damage(s), loss of expense of any kind or nature, whether known or unknown, which may be a result of my child's participation in Camp activities that may result in death, injury, loss, or damage to his or her person or property, HOWSOEVER CAUSED, including claims for liability caused in whole or in part by the negligent acts or omissions of one of more of the above mentioned parties.

_____ I hereby grant the Fort Wayne Parks and Recreation employees including the Day Camp employee's permission to seek medical attention for my child in the event of an emergency. I acknowledge that every effort will be made to contact the parent/guardian, emergency contact, and/or physician listed in the event of an emergency. I further acknowledge that I will be financially responsible for any medical attention needed during Camp or resulting from an injury received at Camp.

_____ I hereby authorize Camp employees to dispense prescribed medication (if applicable) and over the counter medication (if applicable) to my child during Camp. I have completed and attached the "Permission to Administer Medication" form and will supply the Camp with a copy of the child's prescription and medication in the original prescription container. I acknowledge that if I do not supply a copy of the prescription and/or the medication in the original prescription container and/or the completed form, my child will NOT be dispensed their medication.

_____ I hereby permit the Fort Wayne Parks Department Day Camp Staff to apply sunscreen (SPF #15 or higher) and insect repellent as needed throughout the day during camp week.

_____ I authorize the taking and use of photographs taken of my child for any lawful purpose including but not limited to, publications and other media uses without restriction.

Print Name: _____ **Camper Name:** _____

Signed: _____ **Date:** _____

Relationship to child: _____ **Day Camp Name:** _____

