

Preschool / Youth 2024

Entered
Initials: _____
REV: 2/14/23

Participant Information & Liability Waiver

Please complete form and return on the first day of class.

This information is strictly confidential and for Fort Wayne Parks & Recreation Department use only.

Child's Last Name _____ Child's First Name _____ Middle Initial _____

Parent/Guardian's Name _____ Parent/Guardian's Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Child's Date of Birth _____

Emergency Contact: Name _____ Phone Number _____ Relationship _____

Hospital Preference _____ Primary Physician _____ Physician Phone Number _____

Medial Conditions/Medications: _____

Allergies (List): _____

Physical/Mental/Emotional Disabilities: _____

Reactions/care/instructions regarding the above health conditions: _____

Sex: Male Female

National Origin:

White Asian

Black Native American

Hispanic Other (List) _____

Age: 18-23 months 2 years 3 years 4-5 years
 6-8 years 9-11 years 12-14 years 15-17 years

Photo/Video Image Use Consent and Release

I hereby voluntarily consent to being photographed or recorded by Parks staff or designated representatives during any Parks programs. I further consent to the reproduction and use of all such photographs, digital images and recordings for publicity purposes in all publications, promotional and marketing materials and all social media venues without further notice or payment of royalties, fees or compensation to the registrant or me who hereby jointly and severally release to Parks all title, proprietary rights, copyrights and other legal or equitable interests in all such photographs, digital images, recordings, etc. which shall remain the property of Parks.

Liability

I, as legal guardian representing a minor participant, agree to release the City of Fort Wayne, its officers, employees and volunteers from any and all liability for accidents, injuries, losses of and/or damage to his/her person or property that may arise out of his/her participation in or presence at the above activity(s). I am aware of certain risks of possible dangers associated with participation in this activity. I have entered into this agreement of my own free will.

Applicant Signature _____

Date _____