

# Windber Recreation Park

## Summer Daycamp

### WAIVER OF LIABILITY

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Child: \_\_\_\_\_

#### Parent or Guardian Authorization:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

#### Authorization for Pick-Up

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person(s) who you authorize to pickup your child on your behalf.

Name	Phone	Relationship to Child
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Name	Phone	Relationship to Child
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Name	Phone	Relationship to Child
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A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, your child will not be released.

**WAIVER OF LIABILITY:** I hereby, for myself and child, waive and release any and all rights and claims that I may have against the Borough of Windber, the Windber Recreation Park, employees, and its' associates (volunteers). I understand that my child participates at his/her own risk and that I have insurance that will cover any injuries that he/she may incur.

Mr./Mrs./Ms. \_\_\_\_\_ Date \_\_\_\_\_

Authorized Parent/Guardian Signature