

# TOWN OF WAPPINGER

## PARENT/GUARDIAN CONSENT FORM

I hereby give my permission to allow my son/daughter \_\_\_\_\_  
to participate in and attend \_\_\_\_\_  
sponsored by the Town of Wappinger Recreation Department.

I acknowledge the risk of illness and injury inherent in participating in any recreational activities, including, but not limited to: sports, exercise, fitness or aerobics programs, swimming and summer camp programs and related transportation activities. I hereby allow my child to participate in said program upon the express agreement and understanding that I, as parent and/or guardian of said child, hereby waive and release, for myself, and/or my heirs, executors and administrators, any claims for damages I may have against the Town of Wappinger, or the Town of Wappinger Recreation Department, its agents, employees or designees acting on behalf of the Town of Wappinger, for any and all injuries suffered by my child in the regular and ordinary course of my child's participation in such program.

I understand that the Town of Wappinger does not provide accidental medical coverage insurance and I agree to provide my own medical insurance coverage or pay for such costs in the event of injury resulting from participation in such activities.

I hereby give permission to the Town of Wappinger Recreation Department or its agents, employees, or duly designated agent(s) to administer emergency medical care to my child in my absence in the event of injury.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Emergency Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Check appropriate choice:

I **DO**  **DO NOT**  give my permission to allow any photographs taken of my child's participation in said program to be used in informational literature about the Town of Wappinger Recreation Department.

Parent / Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_