

Town of Palisade Parks & Recreation Department
175 E 3rd St, PO Box 128; Palisade, CO 81526

Office Use Only

Palisade After Hours Program

Child 1 Name: _____ DOB: _____ Age: _____ School: _____ Grade: _____

Medical Alerts: _____

Child 2 Name: _____ DOB: _____ Age: _____ School: _____ Grade: _____

Medical Alerts: _____

Child 3 Name: _____ DOB: _____ Age: _____ School: _____ Grade: _____

Medical Alerts: _____

Duration of Enrollment for above children: Daily _____ Monthly _____ Semester _____

Parent/Guardian Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Consent of Release

The following people are allowed to pick up the above children:

Emergency Contact 1: _____ Phone: _____ Relation: _____

Emergency Contact 2: _____ Phone: _____ Relation: _____

Emergency Contact 3: _____ Phone: _____ Relation: _____

Emergency Contact 4: _____ Phone: _____ Relation: _____

Emergency Contact 5: _____ Phone: _____ Relation: _____

The above children are allowed to walk home and be released from the Palisade After Hours Program at _____ PM each day.

Parent/Guardian Signature

Date

PARTICIPANT' WAIVER AND RELEASE OF LIABILITY

I, _____(parent), acknowledge that I have voluntarily applied for my child or children to participate in the Palisade After Hours Program.

I understand the hazards and exposures to danger that may be connected with such activities and the certain real and unpredictable risks involved with participating in such activities.

I have been given opportunity to ask questions and I acknowledge that my questions have been answered to my satisfaction, by the appropriate Town personnel. I understand the risks and dangers inherent with the activities in which my child or children will be participating and acknowledge that they are fully capable of participating in these activities. He/She/They are in good health with no defects that would prevent him/her/them from engaging in these activities and I willingly assume the risk of injury as my sole responsibility. I understand and agree that any bodily injury, death, or loss of personal property and expense as a result of my negligence, or the negligence of the Town, are my responsibility. As lawful consideration for being permitted to participate in the above activities, I release from any legal liability and agree not to sue, file claim against the property of, or prosecute; and to indemnify and hold harmless, the Town of Palisade and all of it's officers, agents and employees for any and all liability, injury, or death caused by or resulting from my voluntary participation in the activities mentioned above; whether or not such liability injury or death was caused by their negligence, or by my negligence, or any other cause. I have carefully read the Release and fully understand its contents. I am aware that I am releasing my legal rights that I otherwise may have and I enter into this agreement of my own free will, and with full understanding and awareness of the risks involved. I agree to assume such risks. I understand the NO REFUND policy.

I grant to the Town the rights, without charge, to take photographs of myself and/or my minor children in connection with the above-described activities, and to use such photographs for lawful purposes including but not limited to publicity, illustration, advertising and web content.

Signature of Parent or Guardian

Date