

CONSENTS FOR CAMP

TRANSPORTATION AND FIELD TRIP PERMISSION

I/we give permission for my/our child to go on field trips away from the premises of the camp's site in the company of the OUTDOOR ADVENTURE CAMP staff, whether by foot or by vehicle.

Please read this form carefully and be aware in registering your child or ward for participation in the City of Boulder Parks and Recreation OUTDOOR ADVENTURE CAMP Program that you will be waiving and releasing all claims for injuries your minor child/ward may sustain as a result of participating in any and all activities connected with or associated with the Boulder Parks and Recreation Department.

I agree to waive and relinquish claims that I or my minor child/ward may have, as a result of participating in the program, against the City of Boulder and its officers, agents, servants, and employees.

I further agree to indemnify and hold harmless and defend the City of Boulder and its officers, agents, servants, and employees from any claims by other parties resulting from injuries, damages, and losses caused by me or my minor child/ward arising out of, connected with, or in any way associated with the activities or program offered.

Participant/Child/Ward/Adult Son or Daughter Name *(Please print clearly)* _____

Parent/Guardian Signature _____

PUBLICITY AUTHORIZATION

I/we give permission to the City of Boulder to use photos or video tapes of my child/children for promotional purposes.

Parent/Guardian Signature _____

CAMPER SIGN IN and OUT of CAMP (If someone under 18 years of age will be picking your child up, this must be signed)

I/we give permission for my son/daughter to sign themselves in and out of camp.

Parent/Guardian Signature _____

SUNSCREEN

I agree to authorize the staff of OUTDOOR ADVENTURE CAMP to apply the sunscreen I supplied. If no sun screen is supplied by the parent, staff will apply at least #15 plus that was purchased by camp.

Parent/Guardian Signature _____

MEDICATION ADMINISTRATION

I agree that I am responsible for the provisions of all medications with appropriate instructions. I understand that the City of Boulder personnel are not responsible for the effects of any prescribed medications properly administered. I give my permission for OUTDOOR ADVENTURE CAMP staff to administer medications prescribed.

Parent/Guardian Signature _____

EMERGENCY MEDICAL AUTHORIZATION

I/we give my/our permission to the City of Boulder Parks and Recreation Program staff to call a doctor for medical or surgical care for my/our child listed above, should an emergency arise. It is understood that a conscientious effort will be made to locate me/us before any action will be taken; if that is not possible, the expense for care will be accepted by me/us.

Parent/Guardian Signature _____ **Date** _____

Hospital of Choice _____ **Address & Phone Number:** _____

Television/Video Viewing

I/We give permission for my son/daughter to watch television, videos or go to the movies according to the OUTDOOR ADVENTURE CAMP television/video policy as stated in the parent handbook.

Parent/Guardian Signature _____