



# York City Recreation & Parks Bureau City of York Liability Form



Michael R. Helfrich Mayor

(Please complete a REGISTRATION FORM in INK \* Please PRINT)

Chaz A. Green, Deputy Director

**PLEASE NOTE:** Participants will be accepted on a first come, first served basis.

Program Name \_\_\_\_\_

Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**(If under 17) PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TRANSPORTATION WAIVER for MINORS**

I hereby grant the City of York permission to transport my child, \_\_\_\_\_, to and from \_\_\_\_\_, and agree to hold harmless the City of York, its officers, directors, staff, employees, administrators, or volunteers from any and all liability and claims of every kind and nature whatsoever, which may arise from or in connection with said transportation.

**EMERGENCY CONTACT PERSON**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



**EMERGENCY MEDICAL AID**

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Policy listed under whose name \_\_\_\_\_

Medication?  Yes  No What? \_\_\_\_\_

For? \_\_\_\_\_ Dosage (how much)? \_\_\_\_\_

How often? \_\_\_\_\_ Any allergies? \_\_\_\_\_ If so, what? \_\_\_\_\_

**(Participant must self-administer any necessary medication under staff supervision. Parks Program staff will not give medication. No child will be allowed to use medication unless stated on this form.)**

**Liability/Photo/Video Release**

**Assumption of Risk and Release of Liability.** Certain risks are inherent in any activity. Each participant agrees to accept personal responsibility for his/her safety, and the safety of minors accompanying such persons. The City of York cannot ensure the safety of any participant of activities. Each participant agrees to hold harmless and free of blame the hike or activity leader and the City of York, its officers, directors, staff, employees, administrators, volunteer s, or other participants for any accident, injury, or illness which might be sustained from participating in this City of York Program. I agree that I am solely responsible for my own equipment, safety, and first aid needs. This Program and other activities may involve strenuous physical activity and certain risks. I certify that I am physically fit and have not been advised otherwise by a qualified medical person.

I will and do hereby assume the above-mentioned risks and will hold harmless the City of York, its officers, directors, staff, employees, administrators, or volunteers from any and all liability and claims of every kind and nature whatsoever, which may arise from or in connection with my participation in the Zoo America Trip. This release is binding on me, my heirs, and my personal representative.

I hereby grant permission for the City of York to use still and video photographs of my child participating in activities at different visiting locations. I also understand the risk and release the City of York, its officers, directors, staff, employees, administrators, or volunteers from any injury that may occur during travel to the location of this program.

**I DO HEREBY CERTIFY BY MY SIGNATURE THAT I HAVE READ, DO UNDERSTAND AND DO AGREE TO THE ABOVE-MENTIONED TERMS.**

Print (ink) \_\_\_\_\_ Signature (ink) \_\_\_\_\_ Date \_\_\_\_\_