FARMERS BRANCH

CITY OF FARMERS BRANCH PARKS & RECREATION DEPARTMENT
LIABILITY WAIVER AND EMERGENCY MEDICAL AUTHORIZATION

Please print your name and, if appropriate, ages of all minor children, wards, for whom you are the lawful guardian who desire to participate in activities held through the Parks and Recreation Department during the following year.

NAME:_____AGE:_____DATE OF BIRTH:_____

NAME:_____AGE:_____DATE OF BIRTH:_____

NAME:_____AGE:_____DATE OF BIRTH:_____

NAME:_____AGE:_____DATE OF BIRTH:_____

I understand that the activities/programs held within the Parks and Recreation Department may include physical activity and exercise with the possibility of physical contact and bodily injury to myself or my children or ward (if any) listed above, and that the Parks and Recreation Department and its staff and the City of Farmers Branch (the "City"), are not undertaking responsibility to oversee activities that are free from the risk of injury, loss or damage to person or property, and I hereby assume all of said risks for myself and my children.

In consideration of the use and availability of the services and facilities, by me and the above listed children and wards if any, I hereby agree to release, relieve, hold harmless, and indemnify the City, the Center, and their respective officers, agents, instructors, and employees from all liability and claims arising out of any accident or injury suffered or incurred by me or said children or wards while enrolled in any class or program sponsored, organized or supervised by the Center or the City, except for acts of gross negligence or intentional acts of the said officers, agents, instructors, and employees.

Further, in case of accident, injury or sudden illness, I authorize any first-aid or emergency medical care which may become necessary for my child, ward or myself while enrolled in any activity or program administered by the City. Also, I authorize that my child, ward, or I may be transported to a local medical facility. If I cannot be reached in an emergency, I hereby grant permission for my child or ward named above to receive all appropriate medical treatment necessary. By executing this document, I hereby assume, on behalf of my child or ward, all risk of injury or loss to which he or she may be exposed.

This waiver is valid for a twelve (12) month period and is renewable automatically for additional twelve (12) month periods unless written termination is received at least thirty (30) days prior to the commencement of any new twelve (12) month period.

_____ _____

Participant's Signature
(parent's signature if minor)

Date

Please print the following information:

ADDRESS:_____APT#:_____

CITY:_____ZIP CODE:_____

HOME #:_____WORK #:_____CELL/PGR #:_____

E-mail:_____

_____

Emergency Contact if available:

NAME:_____RELATION:_____

HOME #:_____WORK #:_____CELL/PGR#:_____