



Participant Name: _____ Date of Birth: _____
Program/Camp: _____ Date of Course: _____
Participant/Parent/Guardian Email Address: _____

Medical Release Form

I understand that participation in this activity is, by nature, physically demanding. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who might depend on them.

- 1. What physical conditions, previous injuries or disabilities does the participant have which might limit his/her participation in this activity?
2. Is the participant taking any medications at this time? If so, what and for what condition? (Including pain relievers, allergy medications)
3. Does the participant have any allergies? (i.e., penicillin, bee, food, dust, hay) If so, please indicate:
4. Does the participant have medication to take in case of an allergy attack? Yes ___ No ___ Type _____ (if yes, please have on hand.)

I have noted above any medical or physical conditions the participant has which might affect his/her activities and understand the nature of the physical demands of this activity. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the leader in charge to hospitalize, secure proper anesthesia, and to order injection, surgery or other medical treatment for myself as a participant or for my son, daughter or ward, as a participant. I, therefore release any and all rights or claims for damages against the Chesterfield County Parks and Recreation Department and all individuals assisting in instruction and conducting these activities, for any and all injuries, loss or damage suffered by the participant at, or in any way connected with, these activities.

Assumption of Risk And Indemnification Agreement

The nature and scope of the activity listed above has been fully explained to me by the Chesterfield County Parks and Recreation Department. As a participant in this activity, I recognize that there are risks and dangers associated with this activity including, but not limited to, serious injury and/or fatality. I understand that Chesterfield County, its employees, volunteers, agents, heirs and assigns, operators, staff or instructors do not guarantee the safety of participants with respect to this activity. I acknowledge that the risk of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to myself or my child from participating in the activities involved in these programs exists, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the Parks and Recreation Department and Chesterfield County cannot eliminate all potential for injury or illness. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and of the other participants. In consideration of being permitted to engage in this activity, I assume all the risks and liability that may arise from my involvement and participation in this activity. I further agree to adhere to all Chesterfield County Parks and Recreations policies and regulations. I understand that these standards are intended to reduce the risks of injury of persons and destruction of property, but do not guarantee that personal injury or destruction of property will not occur.

I will hold harmless and fully indemnify the Chesterfield County Board of Supervisors, County employees, volunteers, agents, heirs and assigns from any and all claims, damages, actions, liability and expense now and in the future, in connection with any and all personal and bodily injury and/or damage or theft to my personal property, be it foreseen or unforeseen.

This Agreement is severable. It is enforceable as to the remaining parts, if any part is deemed unenforceable by law.

*Name: _____
*Address: _____ City _____ State _____ Zip _____
*Telephone: _____ (emergency – who and #) _____
*Medical Insurance Company: _____ *Policy # _____
*Dr. Name: _____ *Dr. Phone Number: _____



Participant Information Form



Please print legibly. This form must be completed and signed before participation can begin.

Camp/Program: _____ **Participant Name:** _____

Date of Camp/Program: _____ **Participant Date of Birth:** _____

Parent/Guardian Name(s): _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

The following persons have permission to pick up my child from the above-referenced Parks and Recreation program:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Minimum Standards of Conduct

1. Participants and staff are assured of an environment which is physically safe and free of extreme emotional distress. Bullying, fighting, and foul language will not be tolerated.
2. Participants must be able to independently perform activities of daily living such as dressing, living, and toilet use.
3. After program commencement, or as prearranged staffing allows, participants will independently remain in the designated program area.
4. Participants agree to follow the Chesterfield County Public Schools Standards of Student Conduct.

I have read and understand the minimum standards of conduct above.

X _____
(participant/parent/guardian signature)

Medication Release

I request the staff of the Chesterfield County Parks and Recreation Department to supervise the administration of prescribed medication to the participant registered on this form during the program/camp.

Please describe the amount and timing of medication to be administered: _____

Staff will oversee my child taking medication or administer medication as needed (i.e., emergency situations). I release any and all rights or claims for damages against the Chesterfield County Parks and Recreation Department and all individuals assisting or conducting these activities for any and all injuries, loss, or damage suffered by the participant at or in any way connected with these activities.

X _____
(participant/parent/guardian signature)



Transportation Release

I give permission for _____ to be transported by the Chesterfield County Parks and Recreation Department during the camp or program referenced at the top of this form.

X

(participant/parent/guardian signature)

Media Release

Participants in the Chesterfield County Parks and Recreation Department's programs/activities may be photographed or recorded and such photos and videos may be used to publicize county programs/activities. Participants may also be quoted or photographed for newspaper/magazine articles or television programs. I hereby grant permission for such media attention for the participant referenced above.

X

(participant/parent/guardian signature)