

PARENTAL AUTHORIZATION AND MEDICAL RELEASE

I, parent or guardian, of the child whose name is listed on the same line with my signature below, hereby give approval for his/her participation in Buckingham County Recreation Dept. activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless the Buckingham County Recreation Department, the organizers, sponsors, supervisors, participants and person transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent of the amount covered by accident covered by accident and/or liability insurance held by the local league.

I also grant permission to managing and/or coaching personnel, or other league representative or officials to authorize and obtain medical care and treatment to authorized and obtain medical care and treatment from any licensed physician, hospital, or medical clinic including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

I understand that I will be notified as soon as possible if any such accident should occur.

_____	_____
Child's Full Name – Printed	Parent / Guardian Name – Printed
_____	_____
Insurance Policy Holder Name	Insurance Carrier Name
_____	_____
Street Address	Policy Number
_____	_____
City, State, Zip	Phone Number

Additional Information in case you cannot be contacted:

_____	_____
Name	Phone Number
_____	_____
Street Address	City, State, Zip

List All Allergies Your Child May Have: _____

Parent / Guardian Signature: _____

**Buckingham County Recreation Department
Release of Liability for Minor Participants
Read Before Signing**

IN CONSIDERATION OF _____ (Name of Minor Child/Ward), my child/ward, being allowed to participate in any way in the Buckingham County Recreation Department related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- 1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my child's participation; and
- 2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and
- 3) I, myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Buckingham County Recreation Department; it's directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY IDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent / Guardian Signature

Date Signed

Parent / Guardian Printed Name