



Program: _____

Location: _____

Date: _____

WARNING OF RISK – WAIVER and RELEASE OF CLAIMS

CHILD’S FIRST AND LAST NAME: _____ Age: _____

PARENT/LEGAL GUARDIAN NAME: _____

PARENT/LEGAL GUARDIAN NAME: _____

For and in consideration, the undersigned parent(s) or guardian(s) of participant(s) of the above listed Lincoln Parks and Recreation program, I/we recognize and acknowledge that there are certain risks of physical injury and I/ we agree to assume the full risk of any injuries, including death, or loss which the undersigned or minor child(ren)/ward(s) may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child(ren)/ward(s) may incur or may accrue to me or my minor child(ren)/ward(s) on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child(ren)/ward(s) or arising out of this program.

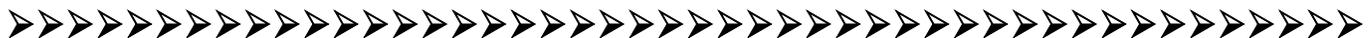
I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment.

SIGNATURE PARENT/GUARDIAN RELATIONSHIP DATE

SIGNATURE PARENT/GUARDIAN RELATIONSHIP DATE

Address _____ City _____ State _____ Zip _____

Phone _____



MEDICAL PERMISSION: In the event of any emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child(ren)/ward(s) immediate care and agree that I will be responsible for payment and any and all medical services rendered.

SIGNATURE PARENT/GUARDIAN RELATIONSHIP DATE

SIGNATURE PARENT/GUARDIAN RELATIONSHIP DATE



MEDIA, TALENT and PRODUCTION CONSENT and RELEASE

CHILD'S FIRST AND LAST NAME: _____ Age: _____

PARENT/LEGAL GUARDIAN NAME: _____

PARENT/LEGAL GUARDIAN NAME: _____

GRANTED TO: City of Lincoln on behalf of Parks & Recreation Department

I/We, the undersigned, hereby authorize the City of Lincoln and the Parks & Recreation Department, including its assigns and agents, to use the name, statements, image, voice, videos, or likeness of me or my minor child(ren)/ward(s) for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I/We understand that I/we are to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I/we understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I/We hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I/we may have in connection with such use.

The Parks & Recreation Department shall have ownership of resultant production using images of me or my minor child(ren)/ward(s) and shall have the exclusive right to make use of such production as stipulated below:

1. Availability for use in training;
2. Availability for use by the participants in a training course;
3. Availability for viewing in connection with the Parks & Recreation Department;
4. Availability for use of Web pages and other Internet sites created or used by the Parks & Recreation Department;
5. Availability for use in promotional brochures, newsletters, and other publications of the Parks & Recreation Department.

I/We have the full right and legal capacity to sign this consent and release. I/We have read this consent and release prior to signing it, and I/we understand its contents.

YES

NO

SIGNATURE PARENT/GUARDIAN

RELATIONSHIP

DATE

SIGNATURE PARENT/GUARDIAN

RELATIONSHIP

DATE

Please Print

Address _____ City _____ State _____ Zip _____

Phone _____