

Jamestown Parks and Recreation Department
Healthy Connections Summer Parks Program
Program Registration Form and Participation Waiver

Please read this form carefully and be aware that by registering your child/ward for participation in this Jamestown Parks and Recreation Department program, you will be waiving and releasing all claims for injuries and infection you or your child/ward might sustain arising out of the JPRD program.

CHILD 1 NAME: _____

CHILD 2 NAME: _____

CHILD 3 NAME: _____

PARENT/GUARDIAN NAME: _____

CONTACT PHONE NUMBER: _____

Important Information (health concerns, allergies, etc.): _____

I acknowledge and fully understand the inherent risks of the COVID-19 virus and I am voluntarily enrolling my child/ward in an environment where the COVID-19 virus may be present and contains risk not only from my actions but also from the action, inaction or negligence of others. I acknowledge that I am choosing to enroll my child/ward in this JPRD program, understanding the risks.

I recognize and acknowledge that there are certain risks of COVID-19 infection, physical injury and/or death to participant in this program and, I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/ward may sustain as a result of involvement in the JPRD program.

Further, I hereby waive and relinquish all claims that I, my insurer, or my child/ward may have against the Jamestown Parks and Recreation Department, and their officers, servants, and employees of each of these entities, ("Provider Entities") from any and all claims for injuries, damages, or loss, including with the COVID-19, which I or my child/ward may have or which may accrue to me or my child/ward in relation to his/her involvement with the JPRD program, regardless whether the activities involved are supervised or unsupervised.

I also agree to hold harmless the Provider Entities for any injuries, death, or damages, including COVID-19, sustained in relation to my child/ward's involvement with the JPRD program.

This agreement shall bind the members of my family, my heirs, assigns, and personal representative. Nothing in this release shall be intended to release the Provider Entities from responsibility of fraud or willful injury to person or property, nor for any violation of law. This release is intended to and releases only claims for negligence and/or non-willful or non-criminal claims.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT OUTLINING MY ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.

Name of participant(s): _____

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____

Date: _____