**Jamestown Parks and Recreation Department**

**Healthy Connections Summer Parks Program**

We are pleased to once again offer the Healthy Connections Summer Parks Program. The program will begin Monday, June 3, 2024 and run through August 2, 2024. We require all children to have a complete participant information form turned in prior to participation. If children attend the program at multiple parks a new form will need to be filled out for each location. Children will not be allowed to attend the program without a completed participant information form on file.

The Healthy Connections Summer Parks Program is free for children 6 years old- 12 years old to attend. The program will be held at Meidinger, Leapaldt, and Nickeus Parks Monday- Friday; 9:00am-12:00pm and 1:00-4:30pm each day. The program is a supervised play program. It is not intended to be used as a replacement to child care. Children can choose to come and go from the program. Staff will record attendance to track the number of daily participants. Staff will not be at the park between 12:00 and 1:00. A free lunch will be available for children under the age of 18 between 11:30am-12:00pm each day as part of the Summer Meals Program. Please be prompt in picking up your children from the program as staff will leave at 12:00pm and 4:30pm.

A calendar of events will be posted at the parks and shared with your child to bring home. A majority of the program activities will be held in the parks; however, there may be special events that are planned outside of the parks. We will remind children of these days as they arise. There is also a possibility that the program will be cancelled due to rain, severe weather or high heat index. All closures will be noticed on the radio and on the JPRD website and social media pages.

If children are not able to follow program behavior expectations, endanger the safety of themselves, other children in the program or staff they will be asked to leave the program.

Any questions regarding the program can be directed to; Tammy Mewes by calling 952-8722 office or emailing [tammy@jamestownparksandrec.com](mailto:tammy@jamestownparksandrec.com)

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**Participant Information 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.**

Park Attending: Nickeus Leapaldt Meidinger

CHILD 1 NAME:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN NAME:

CONTACT PHONE NUMBER:

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

I recognize and acknowledge that there are certain risks of 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, 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, 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name of Parent or Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_