

April 2011

WARREN TOWNSHIP RECREATION TEEN TRAVEL CAMP
UNIVERSAL WAIVER FORM

ACKNOWLEDGEMENT OF RISK – WAIVER & RELEASE OF ALL CLAIMS

I certify that my child's current physical condition is satisfactory for participating in the Summer Playground Program and Trips. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the Summer Playground Program and trips. I understand that insurance will not be provided by or through Warren Township for my child. "Participation in these activities is at the Warren Township Recreation Commission's sole and absolute approval and the Commission reserves the right to reject any individual from the said participation at its sole and absolute discretion."

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Township of Warren, and its boards, committees, officers, agents and employees, including but not limited to its officers, agents and employees from any and all claims from injuries, damage or loss which may have accrued or which accrue to my child or me on account of my child's participation in the Summer Playground Program other than injuries, damage or loss resulting from negligence or willful misconduct.

Please Sign Parent's or Guardian's

Print name: _____

Signature _____ Date _____

Child's name: _____

At dismissal time my child will: _____ be picked up by parent/guardian. (NOTE: If someone other than the parent/guardian is picking up your child, kindly notify the Summer Director in advance and in writing.)

_____ walk home _____ ride bicycle **A letter must be attached giving permission, See the Camp Director**