

# WARREN TOWNSHIP RECREATION DEPARTMENT

## Parent Release Form

46 Mountain Blvd

Warren, NJ 07059

### Medical Treatment Authorization

for 20\_\_\_\_

I, \_\_\_\_\_ (parent or guardian) hereby authorize the treatment of my

child \_\_\_\_\_ by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the emergency contact.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(other than guardian)

**YES/NO** I certify that my child's immunizations are up to date. *If your child does not get immunizations, please add a letter stating that you are exempt from getting immunizations.*

It is important to the health and safety of your child that the Warren Township Recreation have current and accurate medical information.

### ALL INFORMATION SHALL BE KEPT CONFIDENTIAL.

Please indicate as follows:

1.) Is your child on any medication? **YES/NO** If so, please list reason(s):

\_\_\_\_\_

2.) Does your child have any allergies? **YES/NO** If so, please list reason(s):

\_\_\_\_\_

3.) Does your child require the use of an Epi-pen? **YES/NO**

4.) Does your child have any chronic illnesses or medical condition that Warren Township Recreation should be aware of? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Please advise Warren Township Recreation if there are any changes in your child's health or medical condition during the course of the program.

In consideration of permitting my child to participate in recreation programs (the "Programs") sponsored by Warren Township Recreation, including summer camp, I hereby for myself, my child, and our executors, administrators and assigns, assume all risks and hold harmless Warren Township, its agents, employees, volunteers, representatives, sponsors, affiliates, any person(s) permitting the use of their property for any Programs, or any individual associated with the Programs, from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever (the "Claims") which may arise in connection with the participation of my child in activities related to the Programs, including any claims which are associated with the use, administration or failure to administer any medications by Warren Township Recreation personnel.

COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. The Township of Warren has put in place preventative measures to

reduce the spread of COVID-19. I hereby acknowledge that any failure of myself or my child to comply with any and all risk reduction precautions required by Warren Township Recreation may result in dismissal from the program. However, the Township of Warren cannot guarantee that I/We or anyone else will not become infected with COVID-19, including my spouse, guests, unborn child or relatives. Participation in a Township of Warren sponsored athletic sports program (s), related activity or event or using the Township of Warren facilities, could increase the risk of contracting COVID-19. By signing this agreement I/We acknowledge the contagious nature of COVID-19 and VOLUNTARILY assume the risk that I/We may be exposed to or infected by COVID-19 by participating in a Township of Warren athletic sports program(s), related activity or event or by the use of Township of Warren facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself, myself or others, including but not limited to, Township of Warren employees, volunteers and program participants. I/We understand and voluntarily accept and assume all the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further I/We understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Township of Warren, its employees, agents, officers, volunteers and assigns, whether a COVID-19 infection occurs before, during, or after participation in any Township of Warren athletic sports program(s), related event or activity or by the use of facilities.

**This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Discipline Policy**

I read and understand the discipline policy

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### **PHOTO RELEASE:**

The Township of Warren requests your permission to reproduce through printed, audio, visual or electronic means, activities in which your child has engaged in that the Recreation Department offers such as youth camps and programs. Your authorization will enable us to use the photographs and/or video footage taken during the respective program to promote the program through the use of mass media, displays, brochures, websites, etc. I understand and agree that the use of such photographs and video will be without any compensation to me personally, the youth, or the youth's parent/guardian. I understand and agree that the Township of Warren and/or its authorized representatives shall have the unlimited right to use the photographs or videos for any purpose stated or related to the above.

- I read and understand the photo release policy
- I consent to the publication and use of my child's photo for recreation publications
  - I do not consent to the publication and use of my child's photo for recreation publications

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### **PLAYGROUND PROGRAM & TEEN CAMP UNIVERSAL WAIVER FORM FOR:**

#### **Swimming Permission**

- I read and understand the swimming policy
- I grant my child permission (my child can swim)
  - I do not grant my child permission

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### **TEEN TRIP UNIVERSAL WAIVER FORM FOR CAMPER'S GOING ON TRIP ONLY**

#### ACKNOWLEDGEMENT OF RISK – WAIVER & RELEASE OF ALL CLAIMS

I certify that my child's current physical condition is satisfactory for participating in the Teen Camp 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 Teen Camp 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's sole and absolute approval and Warren Township Recreation 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 Teen Camp and trips other than injuries, damage or loss resulting from negligence or willful misconduct.

I understand that I may have to execute and complete additional waivers required by certain trip venues.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_