



Youth Recreation Programs

Release, Indemnification & Medical Form

(For Participants Under 18 Years of Age)

I understand that my child's participation in Bainbridge Island Metropolitan Park & Recreation District classes and programs (District classes) involves inherent risk and possible injury because of the nature of the activities, even when conducted in a safe manner. Injuries to participants in active recreation programs may occur from risks inherent in the activity; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or program rules; from the use of transportation associated with the activity; and from the administration of first aid. The severity of injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death.

In consideration for my acceptance of my child as a participant in District classes, I hereby agree: to waive and forever release Bainbridge Island Metropolitan Park & Recreation District (BIMPRD) and its employees, agents and contractors from any and all claims (including those for bodily injury) arising out of or relating in any way whatsoever to my child's participation in District classes, even though said claims may arise out of the negligence of BIMPRD and its employees, agents and contractors; to limit BIMPRD's liability to the applicable limits of BIMPRD's applicable insurance policy if the foregoing waiver and release is deemed unenforceable; to defend, indemnify and hold BIMPRD and its employees, agents and contractors harmless from and against any and all claims (including those for bodily injury), losses, damages, liabilities and expenses (including attorney fees) arising out of or relating in any way to my child's participation in District classes, my failure to comply with any of the obligations under this document, or my failure to provide all relevant medical information for my child.

I authorize provision of emergency medical care to my child if needed during participation in District classes when efforts to contact me and the emergency contact are unsuccessful, and I agree to be financially responsible for all costs thereof. I agree that the waiver and release, limitation of liability, and indemnification provisions of the foregoing paragraph shall apply to any provision of medical care. I represent and warrant that the information I provide on page 2 of this document fully and accurately sets forth all medical information that is relevant to my child's participation in District classes.

I give BIMPRD permission to photograph and videotape my child while participating in District classes. I authorize BIMPRD to use such photographs and videotapes to promote its programs and classes, and I waive any and all claims to compensation for such usage. I acknowledge and agree that all such photographs and videotapes will belong to BIMPRD.

I agree that this document shall be binding upon my heirs, representatives, successors and assigns. I understand and agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of Washington, and that if any portion of it is deemed unenforceable, the balance of it shall continue in full legal force and effect. I represent and warrant that I am the parent/guardian of the participant and that I am legally authorized to sign this document on his/her behalf.

I agree that if my signature is provided to the District via electronic means (e-mail, fax or otherwise), it shall nonetheless be deemed the equivalent of my original signature for all purposes.

I AM VOLUNTARILY SIGNING THIS DOCUMENT WITH THE INTENT PROSPECTIVELY TO RELEASE AND INDEMNIFY BIMPRD AND ITS EMPLOYEES, AGENTS AND CONTRACTORS AS SET FORTH ABOVE. I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING IT I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Name of Participant: _____
(Print)

Date of Birth: _____

Parent/Guardian Name: _____
(Print)

Relation to Participant: _____

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

EMERGENCY & MEDICAL INFORMATION

Emergency Contact Information

Name: _____ Home Phone: _____
(Print)
Cell Phone: _____ Work Phone: _____ Email: _____

Medical Information

Health Insurance Carrier: _____ ID #: _____

Primary Physician: _____ Location: _____

Illnesses/Conditions: _____

Medications (Needed for, dosage): _____

Food allergies (How severe?): _____

Other allergies (How severe?): _____ Carry Epi-Kit? _____

Asthma (Triggers?): _____ Carry Inhaler? _____

Heat-related problems (How severe?): _____

Glasses? _____ Contacts? _____ Braces? _____ Retainer? _____

List any behavior challenges that may affect participation: _____

Describe previous muscular, skeletal, head, neck, or back injury (Limitations?): _____

Any other information for staff to be aware of that may affect participation: _____

The District reserves the right to require written clearance from a health care provider before allowing a person to participate in a certain activity.

Parent/Guardian Initials