



Camp Emergency Form

Must be completed by Parent or Guardian

Child's Name: Last First Male/Female Age Birth Date

Home Address: Address City Zip Grade Tee Shirt Size

Father's Info: Last First Home # Cell # Work #

Mother's Info: Last First Home # Cell # Work #

Name: Last First Relationship Home Phone Work Phone

Name: Last First Relationship Home Phone Work Phone

Name: Last First Relationship Home Phone Work Phone

Doctor Information:

If Physician cannot be reached, we will call 911 and for an Ambulance.

Physician's Info: Name Medical Plan Insurance Number Office Phone

Dentist's Info: Name Medical Plan Insurance Number Office Phone

AGREEMENT AND RELEASE OF LIABILITY As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City of Lodi, Parks and Recreation Department, I hereby waive and release any claims I or my child may have now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") arising from injuries to my child or damages to my child's or my property, sustained while my child is (1) at the City's facilities, (2) participating in the City's activities, or (3) being transported to or from the facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's alleged active or passive negligence. As lawful consideration for my child being permitted to participate in this activity, my child and I agree to release from legal liability and agree not to sue the City of Lodi.

In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with EMERGENCY treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. The City is not liable for any medical expenses in the event of an injury.

This waiver and release shall be valid for the duration of the session in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated and understand that this contract is legally binding and that my child and I are releasing legal rights by signing it. I certify that I am the parent or legal guardian of the child whose name is listed above.

Please initial the statements below:

In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the City of Lodi, Parks & Recreation Staff, to make decisions as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my child

I hereby agree to indemnify and hold the City of Lodi its officers and employees, harmless, and any community organization cosponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above.

I further authorize the physician named on the emergency form to undertake such care and treatment of my child, as he/she considers necessary. In the event, said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I, AGREE TO BEAR ALL COSTS THAT ARE INCURRED AS A RESULT OF AN ACCIDENT OR EMERGENCY:

(Parent/Guardian Signature)

X Date

