Community Services
& Parks

Parks Make Life Better!

Seasonal Day Camps

Campers Promise

- " I promise to keep my hands to myself at all times."
- " I promise that I will not use bad language."
- " I promise that I will not make fun of anyone."
- " I promise to respect my fellow campers and counselors at all times."
- "And I especially promise to make new friends and have lots of fun."

Counselors Promise - "We promise to make a fun, happy, healthy, and safe environment for all of our campers."

Counselors Disciplinary Techniques/Actions:

1st Offense – Verbal warning. Camper will be warned that the behavior is unacceptable and reminded what the proper behavior should be. If repeated, the camper will be given time away from the group.

2nd Offense - Verbal warning and a time out. Child is separated from the group and is given a time out which entails a break from the group or activity. This is a time for the camper to recollect and gather their thoughts. Then they will be asked to discuss the incident with a counselor.

3rd Offense - Verbal warning, time out and written reprimand with a follow up discussion with a parent or guardian at the end of the day.

If a child receives FOUR (4) written reprimands while enrolled in the day camp program suspension or expulsion from camp will occur, depending on the severity of the situation.

***** Each situation is unique and appropriate action is handled accordingly.**

I have read and discussed the "Campers Promise" with my child.

_____ _____

Parent/Guardian Signature Date

I promise to follow the "Campers Promise."

_____ _____

Camper's Signature Date

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Community Services & Parks

CITY OF GLENDALE
COMMUNITY SERVICES & PARKS DEPARTMENT
FALL DAY CAMP 2020

Parks Make Life Better!

CAMPER PICK-UP LIST

I, _____, the parent or legal guardian of _____, authorize the
(Parent/Guardian's full name) *(Child's full name)*
following people to make changes to **Pick Up List** on this form:

Name	Relationship to Child	Cell Phone Number	Authorization
_____	_____	_____	_____May add people to this list _____May remove people from this list
_____	_____	_____	_____May add people to this list _____May remove people from this list

PICK UP LIST This is the list of authorized individuals who have permission to pick up your child from the day camp program. The City of Glendale will not release a child to anyone who is not listed here. Please include mother/father, siblings, care takers and/or relatives over the age of 18 only who are allowed to pick up camper. Only people listed above may modify this list. Please initial next to each line.

	Name	Relationship	Cell Phone Number	Name/Signature/Date of authorized person adding this name
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

_____ _____
Dated ***Signature of PARENT OR GUARDIAN***

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Community Services & Parks

CITY OF GLENDALE
COMMUNITY SERVICES & PARKS DEPARTMENT

FALL DAY CAMP 2020

Parks Make Life Better!

MEDICAL INFORMATION ABOUT MY CHILD

Child's Name: _____ **Date of Birth:** _____ **Age:** _____
First *Middle* *Last* *(mm/dd/yyyy)*

Home Address: _____
Street *City* *Zip Code*

Home Telephone: ( ) _____

Parent or Guardian Name: _____
First *Middle* *Last*

Relationship to Child (please mark "x"): ___ **Mother** ___ **Father** ___ **Guardian**

Day Telephone: ( ) _____ **Evening Telephone:** ( ) _____

Cellular Phone: ( ) _____ **Pager:** ( ) _____

Emergency Contact Person *(Other than Parent or Guardian)***:** _____
First *Middle* *Last*

Relationship: _____

Address: _____
Street *City* *Zip Code*

Day Telephone: ( ) _____ **Evening Telephone:** ( ) _____

Cellular Phone: ( ) _____ **Pager:** ( ) _____

List Child's medical conditions/problems: _____

List all medications child is taking: _____

List child's allergies to food or medicines: _____

List any additional, important or useful information about your child: _____

Name of Child's Physician: _____
First *Last*

Physician's Address: _____
Street *City* *Zip Code*

Day Telephone: ( ) _____

HMO/Medical Insurance Company: _____

Policy or Plan Number: _____ **Telephone:** ( ) _____

_____ _____
Signature of PARENT OR GUARDIAN ***DATED***

_____
Signer's Printed Name

EMERGENCY MEDICAL CARE AUTHORIZATION

As the parent or legal guardian of _____, I am
(Child's full name)
responsible for making the decisions about medical and dental care for my child, and I am authorized to consent to medical and dental treatment on my child's behalf.

If my child needs immediate medical attention during the Day Camp program, and if I or the "Emergency Contact Person" (the adult who is listed on the reverse side) cannot be contacted, this Emergency Medical Authorization ("this Authorization") will serve as my consent and permission to any:

(1) examination by X-ray or other imaging device;
(2) medical, dental, anesthetic, or surgical diagnosis or treatment; and
(3) emergency or hospital care

that my child may need, upon the advice, and under the general or special supervision, of any physician, dentist, or surgeon who is licensed to practice under California's laws. By this Authorization, my child may receive emergency care, treatment, and services at the doctor's office, or at any California licensed hospital or emergency care facility. Further, I agree to fully pay all charges for my child's emergency medical treatment.

I understand that I am giving this Authorization (a) in advance of any specific examination, diagnosis, treatment, or care that my child may need, and (b) so that doctors can give my child emergency medical care and treatment which, in the exercise of their best judgment, they may deem advisable for my child.

I represent that this Authorization, based on California's Family Code Sections 6901, 6902, 6903, and 6910, is legally sufficient and that no other consent or permission from any other person is required by law. This Authorization will be valid, and will remain in effect, during my child's participation in Day Camp activities and while my child receives emergency medical care.

_____ _____
Signature of PARENT OR GUARDIAN ***DATED***

_____
Signer's Printed Name

Community Services & Parks

CITY OF GLENDALE
COMMUNITY SERVICES & PARKS DEPARTMENT
FALL DAY CAMP 2020

Parks Make Life Better!

PARENT'S / GUARDIAN'S

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

I, _____, acknowledge that I have voluntarily applied with the City of Glendale's Community Services and Parks Department ("the City") to participate in, and to travel to and from, the City's Fall Day Camp Program, at: _____ □ Park □ Community Center taking place from November 23, 2020 through November 25, 2020.

I understand and agree that I will be participating in indoor activities, or outdoor activities, or both. Typical daily activities may include: using playground equipment; playing outdoor games (baseball, kickball, softball, dodge ball, parachute games, relay races, obstacle courses, hand ball, tug-o-war, and obstacle courses); swimming; making crafts; dancing; stretching; singing; jumping; playing video games or indoor hockey; eating food and drinking a beverage. Although these activities take place at the location designated above, I understand and agree that occasionally I will travel to various field trip locations and amusement parks by bus, van, or car.

Participating in the activities and riding in a vehicle have risks that include, but are not limited to: slipping and falling; drowning; hypothermia (chill leading to a lowered body temperature); collision with other persons, objects, or structures; physical injury to muscles, tendons, and body parts; cuts and scrapes; pain or soreness; fatigue or exhaustion; dehydration; exposure to chemicals that burn the eyes and skin; insect bites; cold or hot temperatures; food and drink poisoning or allergies; sickness; cardiac arrest; or a vehicle accident.

I understand and acknowledge that while I am participating in Day Camp activities, I will be under adult supervision of a member from the City's Community Services and Parks Department. I agree to provide myself with protective body clothing, closed-toe shoes, a helmet, sunscreen, and other appropriate protective equipment for the activities. I represent that I am: (1) in good physical condition and emotional health; (2) not suffering from any condition, disease, or disability that can hinder or endanger my participation in and transportation to and from, the activities; and (3) qualified to participate in the activities. ***PLEASE INITIAL: _____.***

I UNDERSTAND THAT ACCIDENTS OCCASIONALLY OCCUR DURING MY PARTICIPATION IN A YOUTH RECREATION PROGRAM AND THAT THE PROGRAM'S ACTIVITIES HAVE A RISK OF SERIOUS INJURY OR DEATH. I AM AWARE THAT I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, WITH MY KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE. PLEASE INITIAL: _____.

AS LAWFUL CONSIDERATION for the City's permitting me to participate in, and to be transported to and from, the activities, ***I HEREBY AGREE*** *that I, my heirs, distributees, guardians, legal representatives, and assigns* ***WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE*** *the City, its officers, agents, or employees for injury, death, or damage arising out of the negligence, intentional, or other acts, howsoever caused, by the City or by any officer, agent, or employee of the City, as a result of my participation in, and transportation to and from, the activities.*

In addition, ***I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND)*** *the City, its officers, agents, and employees from and against* ***ALL ACTIONS, CLAIMS, OR DEMANDS*** *that I, my heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury, death, or damage arising out of my participation in, and transportation to and from, the activities.*

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT TO INDEMNIFY BETWEEN MYSELF AND THE CITY, AND I SIGN IT OF MY OWN FREE WILL.

_____ **(Initial)** *By my signature below, I certify that I am eighteen (18) years of age or older.*

_____ **(Initial)** *I am under the age of eighteen (18) years. My parent/guardian has read this form with me and has completed the "Parent's/Guardian's Release of Liability & Indemnity Agreement" on the reverse side.*

_____ _____
Dated ***Participant's Signature***

_____ _____
Home Address *City, State, Zip Code* *Telephone Number*

City STAFF INITIALS _____

Community Services & Parks

CITY OF GLENDALE
COMMUNITY SERVICES & PARKS DEPARTMENT
FALL DAY CAMP 2020

Parks Make Life Better!

PARENT'S / GUARDIAN'S:

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

I, _____, the parent/guardian of _____, acknowledge that my child has voluntarily applied with the City of Glendale's Community Services and Parks Department ("the City") to participate in, and to travel to and from, the City's Fall Day Camp Program at:_____ □ Park □ Community Center taking place from November 23, 2020 through November 25, 2020.

I understand and agree that my child will be participating in indoor activities, or outdoor activities, or both. Typical daily activities may include: using playground equipment; playing outdoor games (baseball, kickball, softball, dodge ball, parachute games, relay races, obstacle courses, hand ball, tug-o-war, and obstacle courses); swimming; making crafts; dancing; stretching; singing; jumping; playing video games or indoor hockey; eating food and drinking a beverage. Although these activities take place at the location designated above, I understand and agree that occasionally my child will travel to various field trip locations and amusement parks by bus, van, or car.

Participating in the activities and riding in a vehicle have risks that include, but are not limited to: slipping and falling; drowning; hypothermia (chill leading to a lowered body temperature); collision with other persons, objects, or structures; physical injury to muscles, tendons, and body parts; cuts and scrapes; pain or soreness; fatigue or exhaustion; dehydration; exposure to chemicals that burn the eyes and skin; insect bites; cold or hot temperatures; food and drink poisoning or allergies; sickness; cardiac arrest; or a vehicle accident.

I understand and acknowledge that while my child is participating in Day Camp activities, my child will be under adult supervision of a member from the City's Community Services and Parks Department. I agree to provide my child with protective body clothing, closed-toe shoes, a helmet, sunscreen, and other appropriate protective equipment for the activities. I represent that my child is: (1) in good physical condition and emotional health; (2) not suffering from any condition, disease, or disability that can hinder or endanger my child's participation in and transportation to and from, the activities; and (3) qualified to participate in the activities. ***PLEASE INITIAL: _____.***

I UNDERSTAND THAT ACCIDENTS OCCASIONALLY OCCUR DURING MY CHILD'S PARTICIPATION IN A YOUTH RECREATION PROGRAM AND THAT THE PROGRAM'S ACTIVITIES HAVE A RISK OF SERIOUS INJURY OR DEATH. I AM AWARE THAT MY CHILD IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, WITH MY KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ON MY CHILD'S BEHALF ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE. PLEASE INITIAL: _____.

AS LAWFUL CONSIDERATION for the City's permitting my child to participate in, and to be transported to and from, the activities, ***I HEREBY AGREE*** *that I, my child, our heirs, distributees, guardians, legal representatives, and assigns* ***WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE*** *the City, its officers, agents, or employees for injury, death, or damage arising out of the negligence, intentional, or other acts, howsoever caused, by the City or by any officer, agent, or employee of the City, as a result of my child's participation in— and transportation to and from— the activities.*

In addition, ***I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND)*** *the City, its officers, agents, and employees from and against* ***ALL ACTIONS, CLAIMS, OR DEMANDS*** *that I, my child, our heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury, death, or damage arising out of my child's participation in— and transportation to and from— the activities.*

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT TO INDEMNIFY BETWEEN MYSELF (AND ON MY CHILD'S BEHALF) AND THE CITY, AND I SIGN IT OF MY OWN FREE WILL.

_____ _____
Dated ***Signature of Parent or Guardian***

_____ _____
Home Address *City, State, Zip Code* *Telephone Number*

City STAFF INITIALS _____

Community Services & Parks

CITY OF GLENDALE
COMMUNITY SERVICES & PARKS DEPARTMENT
FALL DAY CAMP 2020

Parks Make Life Better!

PARTICIPANT'S:

CONSENT, LICENSE, AND LIABILITY RELEASE AGREEMENT

TO USE MY IMAGE, VOICE, NAME, AND/OR LIKENESS

The City of Glendale ("City") would like to use your image, voice, and/or name to share your story or experience in publications, presentations, media stories, web sites, and social media.

I,_____, understand that City may take photographs, videotape, other images, and/or voice recordings of me and/or my likeness and I hereby consent to City's doing so. I hereby grant City**,** its officers, agents, employees and any person, entity, or organization acting under City's permission and authority, and City's licensees, successors, and assigns (collectively, "City and its representatives") the unconditional right and permission to use, reproduce, distribute, publish, or otherwise display my image, voice, name, and/or likeness ("Personal Information"), in whole or in part by incorporating the Personal Information into one or more publications, photographs, motion picture films, audio/video tapes, slides, and other media, whether for commercial or non- commercial purposes ("Works").

I understand and agree that at City's and its representatives' sole discretion, City and its representatives may usethe Personal Information— with or without my name, with a fictitious name, and/or with fictitious or accuratebiographical material— alone or with any other material of any kind or nature, except that City and its representatives will not use the Personal Information for any criminal or illegal purpose or in a manner inconsistentwith community standards of decency.

I understand and agree that City and its representatives are, and will be, the exclusive owner of all right, title, and interest— including copyright— in the Personal Information. I freely and voluntarily waive (give up) a right and/or claim to inspect or approve the Works and the eventual use to which City and its representatives may apply the Personal Information. I also freely and voluntarily waive any compensation, fee, royalty, or damages— now or later— owed to me for City's and its representatives' use, publication, display, exhibition, distribution, broadcast, performance, exploitation, adaptation, duplication, or reproduction of the Works containing the Personal Information.

I understand and acknowledge that after I sign this Agreement, I and my successors, heirs, distributees, guardians, legal representatives, and assigns are bound by— and cannot revoke— this Agreement, which continues indefinitely and uninterruptedly.

I HEREBY AGREE that I, my heirs, distributees, guardians, legal representatives, and assigns ***WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE*** City and its representatives for injury or damage to my person, property, and/or reputation arising out of City's and its representatives' use of the Works and/or Personal Information, and/or arising out of a breach of any representation or promise contained in this Agreement.

In addition, ***I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND)*** City and its representatives from and against ***ALL ACTIONS, CLAIMS, OR DEMANDS*** that I, my heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury or damage to my person, property, and/or reputation.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONSENT, LICENSE, AND LIABILITY RELEASE AGREEMENT TO USE MY IMAGE, VOICE, NAME, AND/OR LIKENESS. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

_____ **(Initial)** *By my signature below, I certify that I am eighteen (18) years of age or older.*

_____ **(Initial)** *I am under the age of eighteen (18) years. My parent/guardian has read this form with me and has completed the "Parent's/Guardian's Release of Liability & Indemnity Agreement" on the reverse side.*

_____ _____
Dated ***Participant's Signature***

_____ _____
Home Address *City, State, Zip Code* *Telephone Number*

City STAFF INITIALS _____

PARENT'S:

CONSENT, LICENSE, AND LIABILITY RELEASE AGREEMENT

TO USE MY CHILD'S IMAGE, VOICE, NAME, AND/OR LIKENESS

The City of Glendale ("City") would like to use your child's image, voice, and/or name to share your child's story or experience in publications, presentations, media stories, web sites, and social media.

I,_____, the parent/guardian of _____, understand that City may take photographs, videotape, other images, and/or voice recordings of my child and/or my child's likeness and I hereby consent to City's doing so. I hereby grant City, its officers, agents, employees and any person, entity, or organization acting under City's permission and authority, and City's licensees, successors, and assigns (collectively, "City and its representatives") the unconditional right and permission to use, reproduce, distribute, publish, or otherwise display my child's image, voice, name, and/or likeness ("Personal Information"), in whole or in part by incorporating the Personal Information into one or more publications, photographs, motion picture films, audio/video tapes,slides, and other media, whether for commercial or non-commercial purposes ("Works").

I understand and agree that at City's and its representatives' sole discretion, City and its representatives may use the Personal Information— with or without my child's name, with a fictitious name, and/or with fictitious or accurate biographical material— alone or with any other material of any kind or nature, except that City and its representatives will not use the Personal Information for any criminal or illegal purpose or in a manner inconsistent with community standards of decency.

I understand and agree that City and its representatives are, and will be, the exclusive owner of all right, title, and interest— including copyright— in the Personal Information. I freely and voluntarily waive (give up) a right and/or claim, for myself and on my child's behalf, to inspect or approve the Works and the eventual use to which City and its representatives may apply the Personal Information. I also freely and voluntarily waive any compensation, fee, royalty, or damages— now or later— owed to me and/or my child for City's and its representatives' use, publication, display, exhibition, distribution, broadcast, performance, exploitation, adaptation, duplication, or reproduction of the Works containing the Personal Information.

I understand and acknowledge that after I sign this Agreement, I, my child, our successors, heirs, distributees, guardians, legal representatives, and assigns are bound by— and cannot revoke— this Agreement, which continues indefinitely and uninterruptedly.

I HEREBY AGREE that I, my child, our successors, heirs, distributees, guardians, legal representatives, and assigns ***WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE*** City and its representatives for injury or damage to me, my child, my property and my child's property, and/or my reputation and my child's reputation arising out of City's and its representatives' use of the Works and/or Personal Information, and/or arising out of a breach of any representation or promise contained in this Agreement.

In addition, ***I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND)*** City and its representatives from and against ***ALL ACTIONS, CLAIMS, OR DEMANDS*** that I, my child, our heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury or damage to me, my child, my property and my child's property, and/or my reputation and my child's reputation.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONSENT, LICENSE, AND LIABILITY RELEASE AGREEMENT TO USE MY CHILD'S IMAGE, VOICE, NAME, AND/OR LIKENESS. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

_____ _____
Dated ***Signature of Parent or Guardian***

_____ _____
Home Address *City, State, Zip Code* *Telephone Number*

*Staff Initials*_____

PARTICIPANT'S / PARENT'S / GUARDIAN'S:

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

COVID-19 is the infectious disease caused by a type of virus, known as a "coronavirus." The World Health Organization has declared COVID-19 disease a worldwide pandemic. The coronavirus that causes COVID-19 is extremely contagious and is believed to be spread from person-to-person contact and contaminated surfaces/objects. Its spread is more likely when people are in close contact with one another (within about 6 feet). As a result, federal, state, and local governments and health agencies have recommended staying away from crowded places, avoiding spending time in groups, practicing social (physical) distancing, and wearing a mask. Also, in many areas, health agencies have prohibited the congregation of groups of people.

While COVID-19 can cause mild symptoms in some individuals, in others it can lead to severe, potentially life-threatening illness, injury, permanent disability, or death. Adults over age 65 and people of any age with underlying medical problems— including, but not limited to, high blood pressure, heart or lung problems, diabetes, cancer, or a compromised immune system— are at higher risk of developing serious illness from COVID-19.

The Community Services & Parks Department ("Parks Department") of the City of Glendale ("City") has put in place preventative measures to reduce the spread of COVID-19. However, those measures will ***not fully eliminate*** *the spread of COVID-19, because people reportedly can become infected from others who show no symptoms. Also, the City and its staff will not be able to control the actions of every program participant. For example, another participant who wants to talk to you or your child(ren) may be at a distance of less than 6 feet. Consequently, the City cannot guarantee that you and/or your child(ren) will not become exposed to or infected with COVID-19 while participating in Parks Department programming. Further, if you choose to attend one or more Parks Department programs, or if you choose to have your child(ren) attend one or more programs, you are increasing your risk, and your child(ren)'s risk, of getting COVID-19.*

I UNDERSTAND AND ACKNOWLEDGE THE HIGHLY CONTAGIOUS NATURE OF COVID-19. I REALIZE THAT IN USING THE CITY'S FACILITY AND BY MY PARTICIPATING, AND/OR BY MY CHILD(REN)'S PARTICIPATING, IN ONE OR MORE OF THE PROGRAMS, I AM EXPOSING MYSELF, MY CHILD(REN), FAMILY MEMBERS, AND OTHERS TO NOT ONLY THE RISKS OF BECOMING INFECTED WITH COVID-19 AND TRANSMITTING IT TO OTHER INDIVIDUALS, BUT ALSO THE RISKS OF SUSTAINING INJURY AND DAMAGE, INCLUDING SUFFERING MILD, MODERATE, OR SEVERE ILLNESS; PERMANENT DISABILITY; OR DEATH. PLEASE INITIAL: _____.

I AM FULLY AWARE THAT I AM, AND/OR MY CHILD(REN) ARE, VOLUNTARILY USING THE CITY'S FACILITY AND VOLUNTARILY PARTICIPATING IN ONE OR MORE OF THE PROGRAMS WITH MY KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED FOR COVID-19. I HEREBY AGREE TO ACCEPT— ON BEHALF OF MYSELF AND/OR MY CHILD(REN)— ANY AND ALL RISKS OF INJURY AND DAMAGE, INCLUDING ILLNESS, PERMANENT DISABILITY, OR DEATH. PLEASE INITIAL: _____.

AS LAWFUL CONSIDERATION for the City's permitting me, and/or my child(ren), to use the City's facility and to participate in the program or programs, ***I HEREBY AGREE*** *that I/we, my/our heirs, distributees, guardians, legal representatives, and assigns* ***WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE*** *the City, its officers, agents, employees, or volunteers for injury, damage, illness, permanent disability, or death arising out of the negligence, intentional, or other acts, howsoever caused, by the City or by any officer, agent, employee, or volunteer of the City, and/or by another program participant, as a result of my, and/or my child(ren)'s, using the City's facility and participating in the program or programs.*

In addition, ***I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND)*** *the City, its officers, agents, employees, or volunteers from and against* ***ALL ACTIONS, CLAIMS, OR DEMANDS*** *that I/we, my/our heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury, damage, illness, permanent disability, or death, arising out of my, and/or my child(ren)'s, using the City's facility and participating in the program or programs..*

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT TO INDEMNIFY BETWEEN MYSELF— AND/OR ON MY CHILD(REN)'S BEHALF— AND THE CITY, AND I SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT THIS AGREEMENT WILL REMAIN IN EFFECT AT ALL TIMES DURING THE YEAR 2020 WHILE I, AND/OR MY CHILD(REN), USE THE CITY'S FACILITY AND PARTICIPATE IN THE PROGRAM OR PROGRAMS.

Check All Boxes That Apply:

☐ *I am signing this form for myself. I am the Participant. Name (Printed):* _____

☐ *I am signing this form for my child(ren). I am the Parent or Guardian. Child(ren)'s Name(s) (Printed):* _____

By my signature below, I certify that I am eighteen (18) years of age or older:

_____ _____

Dated ***Participant's / Parent's / Guardian's Signature***

_____ _____

Home Address *City, State, Zip Code* *Home Telephone Number*

_____

Business Telephone Number

*Staff Initials*_____

Camper Self Sign-In/Out Permission Slip

Participant's Name: _____ has my consent to sign him/herself in and/or out of the day camp program.

I direct that my son/daughter must stay and participate in the camp activities between the hours of _____ and _____. At the end of the listed time, my child may sign themselves out.

At that time, my son/daughter may not stay at the camp site, but may use other park facilities as a general patron. I understand that the City of Glendale and/or the Community Services & Parks Department will not be held responsible for my child after he/she has signed him/herself out.

Please select the check boxes that apply:

☐ My child may sign him/herself IN ☐ My child my sign him/herself OUT

_____
Signature of Parent or Guardian

_____
Address City Zip Code

_____
Day Phone Number Cell Phone Number

For Your Reference:

Authorization for Self Check-In and Self-Dismissal
Walking To Camp or Walking Home From Camp

If a camper is **age 13 and older** and a parent wants to drop off the child without leaving the car, they may do so by informing the camp supervisor, by completing the Camper Self Sign In/Out Permission Slip form, that the child has the ability to sign him or herself into camp.

Participants who have this privilege will be asked to call their parent or guardian and place them on speaker phone and confirm they arrived and signed into camp.

If a camper is **age 13 or older** and a parent would like the child to walk home on their own, they must inform the camp supervisor in writing that the child has the ability to dismiss him or herself and complete the Camper Self Sign In/Out Permission Slip form.

Authorized participants will be allowed to dismiss themselves no more than 10 minutes prior to the end of their camp's end time. Participants who have this privilege will be asked to call their parent or guardian and place them on speaker phone and inform the parent/guardian that they are leaving the camp site.

Should a parent trust their child with this privilege, day camp staff will not be responsible for the child's actions, whereabouts, or behavior once they sign out for the day.

*Staff Initials*_____