

## Summer Camp



### **AGREEMENT TO PARTICIPATE**

I, the undersigned parent or legal guardian, understand the inherent hazards and risks of personal and emotional injury or bodily harm possible to myself, my spouse and/or my children that are involved with organized sports, classes or programs. I agree to inform my child of such risks. Knowing this, I hereby give my consent for my child to participate in Tremonton Parks and Recreation sponsored programs. I take full responsibility in his/her actions and agree to release, indemnify and hold Tremonton City Corporation, its employees, sponsors and volunteers from any liability, loss, cost or expense (including attorney and medical fees.) I authorize the Recreation Dept. to use my fees at their discretion. I give my consent for my families photograph to be taken, used and published.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Member Information**

If your contact information has changed PLEASE let us know  
(Please print)

**Parent Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Child #1** \_\_\_\_\_ Boy or Girl **Grade** \_\_\_\_\_ **Session** \_\_\_\_\_

**Child #2** \_\_\_\_\_ Boy or Girl **Grade** \_\_\_\_\_ **Session** \_\_\_\_\_

**Child #2** \_\_\_\_\_ Boy or Girl **Grade** \_\_\_\_\_ **Session** \_\_\_\_\_

## Summer Camp



### **AGREEMENT TO PARTICIPATE**

I, the undersigned parent or legal guardian, understand the inherent hazards and risks of personal and emotional injury or bodily harm possible to myself, my spouse and/or my children that are involved with organized sports, classes or programs. I agree to inform my child of such risks. Knowing this, I hereby give my consent for my child to participate in Tremonton Parks and Recreation sponsored programs. I take full responsibility in his/her actions and agree to release, indemnify and hold Tremonton City Corporation, its employees, sponsors and volunteers from any liability, loss, cost or expense (including attorney and medical fees.) I authorize the Recreation Dept. to use my fees at their discretion. I give my consent for my families photograph to be taken, used and published.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Member Information**

If your contact information has changed PLEASE let us know  
(Please print)

**Parent Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Child #1** \_\_\_\_\_ Boy or Girl **Grade** \_\_\_\_\_ **Session** \_\_\_\_\_

**Child #2** \_\_\_\_\_ Boy or Girl **Grade** \_\_\_\_\_ **Session** \_\_\_\_\_

**Child #2** \_\_\_\_\_ Boy or Girl **Grade** \_\_\_\_\_ **Session** \_\_\_\_\_