



In Case of Emergency:

Preferred Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree to look to my private physician for medical advise and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: \_\_\_\_\_

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

\_\_\_\_\_  
Signed (Parent or Legal Guardian)

\_\_\_\_\_  
Date

### **Consent Form and Photographic Release**

#### Photographic Release

Many activities in this program are of interest to our community. The local newspapers and television stations occasionally ask permission to photograph the children at the camp site when doing reports about summer activity if the situation presents itself during the course of the summer program.

I hereby give my consent to the use of television or photographs taken and/or published by the media for such publicity as the City of Tempe Community Services Department and the feel will benefit the work for the developmentally disabled without consideration of any kind. I do hereby release the City of Tempe Community Services Department from any claims whatever which may arise in said regard.

Pictures taken as part of this program may be used in connection with illustrative or written printed matter, story, or news items. I waive the right to inspect, and/or approve the finished product that may be used.

\_\_\_\_\_  
Signed (Parent or Legal Guardian)

\_\_\_\_\_  
Date