

CLOVIS AREA RECREATION

Helping the community access a wide variety of positive activities

Teen Time

To Clovis Area Recreation (C.A.R.) _____ has my
(Participant's Name)
permission to participate in "Teen Time" events and activities.

To Clovis Area Recreation (C.A.R.) _____ has my
(Participant's Name)
permission to receive transportation in CAR vehicles to and from "Teen Time" events and activities.

Yes, I _____ would like to chaperone on occasion.
(Parent's Name)

My phone number is _____

Parents Please Note:

It is necessary that parents specifically authorize their teen to be included in these activities. While supervision for these events will be furnished by C.A.R, parents are hereby advised that such supervision by C.A.R staff will occur only during official program time. I understand for my child to participate in this program, must provide current student identification. In consideration of the acceptance of my application for participation in the above event, I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Clovis as a result of my Childs participation in the activity. This release is intended to discharge the City, its officers, officials, employees and volunteers from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of negligence or carelessness. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City of Clovis and all of the persons mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Approval Signature (Parent /Guardian)

Date

If you have any questions regarding these activities please call the C.A.R. office, 324-2780.

EMERGENCY MEDICAL AUTHORIZATION

(PARENT GUARDIAN PLEASE COMPLETE)

(Students Name)

I (parent name if under 18) _____ hereby waive, release and hold harmless from any liability for damages, for personal injury including accidental death, as well as from claims for property damage which may arise with the above named activity, against the City of Clovis, its agents, employees and volunteers. I further permit the use of activity/event/photograph and/or video for media promotion. Should it be necessary for emergency medical treatment, I hereby authorize City of Clovis, its agents, employees and volunteers to use their judgement to obtain medical services.

(Signed) Parent / Guardian or Participating Adult

Home Telephone Number

Street Address, City, Zip

Emergency Telephone Number

Business Telephone Number

E-Mail Address (optional)

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE NEEDED