

\_\_\_\_\_  
*Child's Name*

**Kids Club/Camp Tadaka/Camp Radical/Fun Trips Parental Consent  
Release and Waiver of Liability and Assumption of Risk**

In consideration of the **City of South Lake Tahoe's** permission for \_\_\_\_\_ ("the minor") to participate in Kids Club/Camp Tadaka/Camp Radical/Fun Trips ("permittee/sponsor") and related activities, I the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minor's participation in the event or activity;
2. Agree that prior to the minor's participation in the event or activity the minor and I will inspect the facilities, equipment and areas where the event or activity is being conducted and, if either of us believe any of them are unsafe, I will I immediately advise the person supervising the event, activity, facility or area;
3. Acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death, including economic loss, which may result not only from the minor's own actions, inaction, or negligence, but also from the actions, inaction, or negligence of others, the condition of the facilities, equipment or areas where the event or activity is being conducted the rules where the event or activity is being conducted, or the rules of play for this type of event or activity;
4. Release, waive, and discharge **Kids Club/Camp Tadaka/Camp Radical/Fun Trips, the City of South Lake Tahoe** and their respective officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to the minor's participation in the event or activity that is being conducted;
5. Assume any and all risks of personal injuries to the minor and authorize the **City of South Lake Tahoe** or the permittee/sponsor to contact or employ a licensed physician to render any medical or hospital care. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damage to the minor's or my property, caused by or arising from the minor's participation in the event or activity;
6. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor against **Kids Club/Camp Tadaka/Camp Radical/Fun Trips, the City of South Lake Tahoe** and their respective officers, employees, and agents attributable to the minor's participation in the event or activity;
7. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from the **City of South Lake Tahoe** or permittee/sponsor and consent to the use of photographs, pictures, slides, movies, or videos for any legal purposes;
8. Warrant that the minor is in good health and has no physical conditions that would prevent the minor from participating in the event or activity;
9. Acknowledge that the **City of South Lake Tahoe** and permittee/sponsor are not joint sponsors, joint ventures, partners, or otherwise jointly engaged in the above named event or activity;

**THIS DOCUMENT RELIEVES THE CITY OF SOUTH LAKE TAHOE AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE.**

**BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONE HAS LEGAL CUSTODY. LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTER OF GUARDIANSHIP.**

**I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY. I FURTHER UNDERSTAND THAT THIS RELEASE IS BINDING UPON THE MINOR'S HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, AND ASSIGNS.**

_____ Mother's Printed Name	_____ Signature	_____ Date
_____ Father's Printed Name	_____ Signature	_____ Date

**I HAVE READ THIS DOCUMENT SIGNED BY MY PARENT OR GUARDIAN AND JOIN THE WAIVER, RELEASE AND ASSUMPTION OF RISK. I AM AWARE OF THE RISKS INVOLVED IN MY PARTICIPATION IN THE EVENT OR ACTIVITY.**

_____ Minor's Printed Name	_____ Signature	_____ Date
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**(over)**

**Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_**

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

If participant requires any medication, is allergic to anything or has any special needs:

Childs Name

Childs Name

Childs Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Name of minor's physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Contact Information:**

Mom/Guardian Name	Home #	Cell#	Work #	email address
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Dad/Guardian Name	Home #	Cell#	Work #	email address
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**In Case of Emergency, name and number of friend/ relatives allowed to pick up your child:**

Name	Home #	Cell#	Work #	email address	Your Initials
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Name	Home #	Cell#	Work #	email address	Your Initials
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Name	Home #	Cell#	Work #	email address	Your Initials
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I give consent for my child to sign out and leave on their own: Your initials: \_\_\_\_\_

I have read and understand this program's policies/fact sheet: Your initials: \_\_\_\_\_

**PLEASE NOTIFY US ON ANY NEW CHANGES ASAP!!**

**At the beginning of a new school year and summer program, please review this sheet and initial and date:**

I have reviewed the above information and agree that it is correct: Your initial & date \_\_\_\_\_

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