



**BLOOMINGTON PARKS AND RECREATION
VOLUNTEER WAIVER STATEMENT
For Children Under 18 Years Old**

Program Area / Event: _____

I am the parent/legal guardian of the child named below. I recognize that because of the inherent hazards of this activity, my child may sustain some injury. In the event that my child is injured and my spouse or I cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal, and agree to pay the usual charge for such treatment.

I now release the City of Bloomington, its Parks and Recreation Department, and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from, or be in any way connected to, my child's participation in this activity. I understand that this release applies to both present and future injuries, and that it binds myself, my spouse, my child, and the heirs, executors and administrators of each of these persons. Bloomington Parks and Recreation has put safety measures in place to slow the spread of COVID-19. However, we cannot guarantee you or members of your family will not contract an illness. By participating in or attending today's event, you voluntarily assume the risk of exposure or infection, and resulting illness or death. My child may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature

Date

Child's Name

Relationship to child

Please indicate if the child has any allergies or health issues:

In case of emergency, please contact:

Name

Phone

Relationship