



UNDER AGE VOLUNTEER GROUP WAIVER

Group: _____
Date: _____ **Time:** _____
Project: _____

I am the person responsible for the child(ren) named below. I recognize that because of the inherent hazards of this activity, my child(ren) and/or I may sustain some injury. In the event that a child and/or I are injured and my emergency contact cannot be reached, 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 participation in this activity. I understand that this release applies to both present and future injuries, and that it binds my heirs, executors and administrators. I and/or the child(ren) 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.

Please list the names of all children and adult supervisors for whom the above waiver applies.

Child's Name	Child's Name
_____	_____
Child's Name	Child's Name
_____	_____
Child's Name	Child's Name
_____	_____
Child's Name	Child's Name
_____	_____
Child's Name	Child's Name
_____	_____
Child's Name	Child's Name
_____	_____
Child's Name	Child's Name
_____	_____
Child's Name	Child's Name
_____	_____
Adult Supervisor Name	Adult Supervisor Name
_____	_____
Adult Supervisor Name	Adult Supervisor Name
_____	_____

_____	_____		
Adult Signature	Date		
_____	_____		
Address	City	State	zip
_____	_____	_____	_____
Phone	email		
_____	_____		

In case of an emergency, please contact:

_____	_____	_____
Name	relationship	phone