



# 2021 CAMP WAIVER & RELEASE OF LIABILITY

To REGISTER please remit form with payment to: 5200 Civic Center Drive, Waterford, MI 48329, Phone 248-674-5441 Fax 248-618-7674  
waterfordmi.gov/parks Email Form to: parkregistration@waterfordmi.gov

Little Farmer's Camp—Monday-Friday, 9:00-11:30am—\$80 per camper

June 21-25     July 12-16     July 26-30

Farm Camp—Monday-Friday, 9:00am-3:00pm—\$170 per camper

June 28-July 2     July 19-23     August 9-13

Nature Escapades—Monday-Thursday, 9:00am-4:00pm—\$135 per camper

August 2-5

May we apply sunscreen to your child?     YES     NO

T-Shirt Size:     YS     YM     YL     AS     AM     AL     AXL

- ◆ \$5 Non-Resident Fee/child/camp
- ◆ \$10 late fee added after registration deadline

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Email Address \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Person(s) other than parent(s) listed above to be notified in an emergency situation when parent is not available:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Please check if you would like the Camp Director to contact you prior to camp.

Person(s) other than parent to whom the child may be released:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Indicate special needs / limitations / adaptations / allergies: (Please call the office if more explanation is needed)

Indicate special behavioral considerations and how they are handled:

List all medication your child takes currently:

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*SIGNATURE REQUIRED ON SECOND PAGE\***



5200 Civic Center Drive, Waterford MI 48329  
Phone (248) 674-5441 Fax (248) 618-7674 [waterfordmi.gov/parks](http://waterfordmi.gov/parks)

## ACCIDENT WAIVER, RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

**Release, Waiver and Assumption of Risk:** In consideration of acceptance of my (or my minor child's) registration in the program(s), I do hereby, take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to: (A) Waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my traveling to and from this event, the following entities or persons: Waterford Township and Waterford Parks and Recreation Department (hereafter referred to as WPR), its elected and appointed officials, employees and volunteers, and representatives and agents, and others working or acting in behalf of Waterford Township and WPR; and to the extent permitted by law (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this program(s).

**Photo/Video Authorization:** I hereby give my consent for WPR to use photos/videos of myself and/or minor child participating in a WPR sponsored program or event in future marketing materials. I acknowledge those pictured will only be named with their consent, or parent/guardian consent if younger than 18 years of age. I acknowledge event attendees must contact the photographer at the event if they wish themselves/their children not be photographed.

**Assumption of Risk Relating to Coronavirus/COVID-19:** The coronavirus or COVID-19 is extremely contagious and thought to have caused a worldwide pandemic. It can readily be spread from person-to-person contact, or contact with infected surfaces or areas. In response, Federal, State, and local governments, and governmental health agencies have recommended, or even required people engage in social distancing protocols as well as have prohibited the congregation of people in groups of various sizes. WPR has put in place preventative measures to limit the spread of the COVID-19; however, WPR cannot guarantee that you or your family members will not become infected with COVID-19. Participation in a WPR event can increase your risk of being exposed to the COVID-19 virus. I acknowledge the extremely contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 through my attending or participating in a WPR event and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at any WPR event may result from the action, omissions, or negligence of myself and others, including but not limited to WPR, its directors, organizers, coaches, sponsors, managers, attorneys, employees, or any other appointed supervisor. I voluntarily agree to assume all risks and accept as my sole responsibility any injury to myself (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation or attendance at any WPR event. On my behalf, and on behalf of my heirs, I hereby release, covenant not to sue, discharge, and hold harmless WPR, its directors, organizers, coaches, sponsors, managers, attorneys, employees, or any other appointed supervisor from such, including all liabilities, actions, damages or expenses or any type that may arise out of, or relating thereto attendance and participation. I understand and agree that this release includes any claims regarding the actions, omissions, or negligence of WPR, its directors, organizers, coaches, sponsors, managers, attorneys, employees, or any other appointed supervisor, whether a COVID-19 infection occurs before, during, or after participation or attendance at any WPR event.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

*(If participant is under 18 years of age)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Individual Signing Above

\_\_\_\_\_  
Print Name of Program Participant

### CHECK WHICH PROGRAM YOUR CHILD IS PARTICIPATING IN:

#### Little Farmers Camp

June 21-25     July 12-16     July 26-30

#### Farm Camp

June 28-July 2     July 19-23     August 9-13

#### Nature Escapades

August 2-5