

**BOARD OF TRUSTEES**

Anthony M. Bartolotta, Supervisor  
Kim Markee, Clerk  
Steve Thomas, Treasurer  
Jeff Gilbert, Trustee  
Sam Harris, Trustee  
Marie E. Hauswirth, Trustee  
Gary Wall, Trustee



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[waterfordmi.gov/parks](http://waterfordmi.gov/parks)

**Department of Parks & Recreation**

Alison Swanson, Director

**Recreation Board Members**

Donna Kelley, Chairperson  
Doug Bremner  
Matthew Lawton  
Aleigha Maten  
Rob Petrusha  
Jim Powers  
Gary Wall  
Roman Wasylkevych  
Linda Zabik

**Parental Waiver, Release of Liability, Indemnification and Consent Form**

I represent to the Charter Township of Waterford that I am aware of no physical or mental restrictions that would prevent my child from safely participating in any Waterford Parks and Recreation Department activity.

I acknowledge that these activities are potentially dangerous and involve the risk of injury, death or property damage.

I assume full responsibility of any risk of injury, death, or property damage related to these activities.

In consideration of my child's participation in the program, I agree that my child's likeness may be photographed or videotaped and that such image may be published in any outlet used to promote or publicize the program.

I am the parent (or legal guardian) of My Child. My Child is attending or participating in the event described below. In the event of an emergency affecting the life or permanent well-being of My Child, I authorize any licensed physician, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat My Child, including the authority to admit My Child to the hospital and provide medical and hospital care and treatment for My Child, including having surgery, anesthesia, blood and blood products, if necessary.

I understand that by executing this form I am not relieved of any financial or other obligation regarding My Child for which I am legally responsible.

In consideration for my child's participation in the activity or activities, I waive any rights I may have against the Charter Township of Waterford, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors concerning this activity or these activities, including transportation (if provided by the program) and the use of photographs for promotion as described above. I release and discharge, the Charter Township of Waterford their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors of and from all claims debts, attorney fees, costs, actions and causes of action of any kind connected with this activity or these activities.

I acknowledge that I will review the Youth Sports Concussion Information prior to my child's participation in this activity.

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Name of League Sport

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Date

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Name of Child (Print)

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Name of Parent or Legal Guardian (Print)

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Signature of Parent