



# Waiver of Liability

PROGRAM Camp Fury 2017

SITE Public Safety Academy

This release and information form must be filled out completely with current information, signed and turned in before the participant will be allowed to attend the program. Program participation will not be permitted without responsible party signature on this form. This form is for the health and safety of the participant. If some questions do not apply, please indicate with "N/A."

## PERSONAL INFORMATION

PARTICIPANT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ D MALE D FEMALE

SCHOOL ATTENDED DURING SCHOOL YEAR (IF APPLICABLE) \_\_\_\_\_

DOES THE INDIVIDUAL HAVE A DISABILITY THAT REQUIRES ASSISTANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IDENTIFY ANY BEHAVIOR CONCERNS AND HOW TO DEAL WITH THEM \_\_\_\_\_

LIMITATIONS/RESTRICTIONS (ACTIVITY OR DIET) \_\_\_\_\_

THIS INDIVIDUAL IS FREE OF INFECTIOUS DISEASE, IS UP TO DATE ON ALL IMMUNIZATIONS AND IS ABLE TO PARTICIPATE IN RECREATION ACTIVITIES (WITH THE LIMITATIONS/RESTRICTIONS LISTED.) \_\_\_\_\_ YES \_\_\_\_\_ NO

## MEDICATION

IS PARTICIPANT TAKING MEDICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO NAME OF MEDICATION \_\_\_\_\_

WILL MEDICATION BE TAKEN DURING PROGRAM HOURS? If Yes, ask for Separate Medication Form \_\_\_\_\_ YES \_\_\_\_\_ NO

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? Allergy? Asthma? Seizures? Diabetes? Other? \_\_\_\_\_

ANY OTHER INFORMATION THAT WOULD BE HELPFUL TO STAFF? \_\_\_\_\_

## PARENTS/GUARDIAN INFORMATION

PARENTS/GUARDIAN/SPOUSE (NAME) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS (IF DIFFERENT) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ PAGER OR MOBILE \_\_\_\_\_

PARENTS/GUARDIAN/SPOUSE (NAME) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS (IF DIFFERENT) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ PAGER OR MOBILE \_\_\_\_\_

## EMERGENCY/CONTACT INFORMATION

PERSON TO NOTIFY IN EMERGENCY (OTHER THAN PARENT/GUARDIAN) \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL COVERAGE \_\_\_\_\_ GROUP ID # \_\_\_\_\_ PREFERRED HOSPITAL \_\_\_\_\_

OVER →





Consent to Transport Waiver and Release Form

PROGRAM: \_\_\_\_\_ SITE: \_\_\_\_\_

This release and information form must be filled out completely with current information, signed and turned in before the participant will be allowed to be transported by Pima County to the Girls Scouts Camp Fury. Transportation will not be permitted without responsible party signature on this form.

PERSONAL INFORMATION

Child's name: \_\_\_\_\_ Birth \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Parent \_\_\_\_\_ or \_\_\_\_\_ Guardian \_\_\_\_\_ Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Parent \_\_\_\_\_ or \_\_\_\_\_ Guardian \_\_\_\_\_ Work \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian Mobile Phone: \_\_\_\_\_

EMERGENCY/CONTACT INFORMATION

PERSON TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN PARENT)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the child have any special medical condition, disability or health problem of which Pima County should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

TRANSPORTATION WAIVER/RELEASE

I, the undersigned, give my consent for \_\_\_\_\_ (child's name) to be transported by Pima County Sheriff Department and will assume all liability for my child's participation in this activity/event and any injury that may result during the transport or at the event/activity.

Further, by signing below:

- 1. I will not hold Pima County, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by my child.
3. I authorize Pima County Sheriff Department to transport and to obtain, through a physician of its own choice, any emergency medical care if becomes reasonably necessary in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.

This Waiver and Release will be valid for all transportation occurring as of and after the date below. This Waiver and Release is valid from \_\_\_\_\_ through \_\_\_\_\_

(Date)

(Date)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name/Relationship: \_\_\_\_\_



# WAIVER OF LIABILITY/ PARTICIPANT INFORMATION FORM

## YOUTH PROGRAMS

**PROGRAM** Camp Fury 2017 **SITE** Public Safety Academy

This release and information form must be filled out completely with current information, signed and turned in before the participant will be allowed to attend the program. Program participation will not be permitted without responsible party signature on this form. This form is used for all recreation programs and is for the health and safety of the participant. If some questions do not apply, please indicate with "N/A."

### PERSONAL INFORMATION

PARTICIPANT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  MALE  FEMALE  
SCHOOL ATTENDED DURING SCHOOL YEAR (IF APPLICABLE) \_\_\_\_\_  
DOES THE INDIVIDUAL HAVE A DISABILITY THAT REQUIRES ASSISTANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IDENTIFY ANY BEHAVIOR CONCERNS AND HOW TO DEAL WITH THEM \_\_\_\_\_

LIMITATIONS/RESTRICTIONS (ACTIVITY OR DIET) \_\_\_\_\_  
THIS INDIVIDUAL IS FREE OF INFECTIOUS DISEASE, IS UP TO DATE ON ALL IMMUNIZATIONS AND IS ABLE TO PARTICIPATE IN RECREATION ACTIVITIES (WITH THE LIMITATIONS/RESTRICTIONS LISTED.) \_\_\_\_\_ YES \_\_\_\_\_ NO

### MEDICATION

IS PARTICIPANT TAKING MEDICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO NAME OF MEDICATION \_\_\_\_\_  
WILL MEDICATION BE TAKEN DURING PROGRAM HOURS? If Yes, ask for Separate Medication Form \_\_\_\_\_ YES \_\_\_\_\_ NO  
ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? Allergy? Asthma? Seizures? Diabetes? Other? \_\_\_\_\_

ANY OTHER INFORMATION THAT WOULD BE HELPFUL TO STAFF? \_\_\_\_\_

### PARENTS/GUARDIAN INFORMATION

PARENTS/GUARDIAN/SPOUSE (NAME) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS (IF DIFFERENT) \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ PAGER OR MOBILE \_\_\_\_\_  
PARENTS/GUARDIAN/SPOUSE (NAME) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS (IF DIFFERENT) \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ PAGER OR MOBILE \_\_\_\_\_

### EMERGENCY/CONTACT INFORMATION

PERSON TO NOTIFY IN EMERGENCY (OTHER THAN PARENT/GUARDIAN) \_\_\_\_\_ PHONE \_\_\_\_\_  
PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
MEDICAL COVERAGE \_\_\_\_\_ GROUP ID # \_\_\_\_\_ PREFERRED HOSPITAL \_\_\_\_\_

**ALTERNATE CONTACTS** (OTHER THAN PARENT/GUARDIAN)

NAME HOME PHONE WORK PHONE  
NAME HOME PHONE WORK PHONE

**KIDCO attendance policies:**  
All participants must register for KIDCO. As KIDCO is a "drop-in" after-school recreation program, participants are not required to stay all day and are not required to attend every day. KIDCO participants are allowed to go freely from the program at their own volition.

Please refer to parent handbook or policies and procedures specific to your program.

**DEPARTURE PREFERENCE** (PARTICIPANT MAY ONLY SIGN IN ONCE PER DAY)

- My child may walk home Time: (must check out by end of program)
- My child will be picked up Time: (must be picked up by end of program)

\*\*\* PLEASE NOTE: PARTICIPANTS MAY LEAVE FROM PROGRAMS AT THEIR OWN VOLITION. HOWEVER, PARTICIPANTS MUST SIGN IN AND OUT ON THE CHECK IN/OUT ROSTER\*\*\*

**Program staff do not check IDs** - participants are expected to know who picks them up each day. If there are circumstances that arise which require restrictions on who you will allow to pick up your child, you must provide legal documentation to site leader.

**AQUATICS**

If aquatics, I understand this activity involves swimming and could involve workouts and swim meets at various pools. Does participant know how to swim? YES NO What level?

**TRIPS**

I hereby give permission for named participant to be transported on fi trips. Major trips will have their own form with completed information. I do I do not Initials

**MEDIA RELEASE**

I hereby grant the Tucson Parks and Recreation Department permission to record my child/ward's or my own (if adult participant) likeness and/or voice for use in television, films, radio, printed and digital media to further the aims of the Parks and Recreation Program in related campaigns and magazine articles, booklets, posters and all encompassing internet and social media. I do I do not Initials

**EMERGENCY CLAUSE**

In the event I cannot be reached in an emergency, I hereby give my permission to employees of Tucson Parks and Recreation Department to secure proper medical care for my child as deemed necessary. This permission extends from minor first aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery and other medical procedures deemed necessary. I do I do not Initials

**RELEASE CLAUSE**

The undersigned hereby releases and holds harmless the City of Tucson, its Mayor and Council and any officers, employees or agents thereof, including without limitation the Tucson Parks and Recreation Department, Tucson Unified, Sunnyside, Flowing Wells, Amphi School Districts, Vail School District, Pima Community College, Child and Family Resources, Inc., and the Arizona School for the Deaf and Blind from any and all claims, liabilities or demands whatsoever arising or claimed to have arisen out of the enrollment or participation in any program by the participant herein.

X SIGNATURE OF RESPONSIBLE PARTY RELATIONSHIP DATE

\*If Therapeutics, send to Therapeutic Recreation - 900 South Randolph Way, Tucson, AZ 85716 \*Other programs return to the program leader.

**HOLD HARMLESS AGREEMENT**

Whereas, \_\_\_\_\_ (age), desires to observe members of the U.S. Border Patrol perform their duties, and

Whereas, such observations may include riding in Border Patrol Service vehicles with members of the U.S. Border Patrol during regular enforcement activities, and any other activities sponsored by the US Border Patrol Explorer Program.

Now, therefore, in consideration of the above granted authority to so observe and other good and valuable consideration, the undersigned, his or her assigned heirs, executors, or agents hereby agree to hold the U.S. Border Patrol and the U.S. Government harmless and agrees to indemnify said U.S. Border Patrol and the U.S. Government, their agents and employees from any and all claims, damages, losses, and expenses, (including any and all medical expenses) arising out of the above described observations and related activities, which is for bodily injury, illness or death, or property damage including loss of use.

\_\_\_\_\_  
Minors Signature

\_\_\_\_\_  
Parent or Guardian Signature

Subscribed and sworn to me before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**APPROVED:**

\_\_\_\_\_  
U.S. Border Patrol

## CONSENT TO MEDICAL TREATMENT OF A MINOR

I (we) are the natural parents or guardian of \_\_\_\_\_,  
A minor, who is participating in certain programs sponsored by the U.S.  
Border Patrol/ Department of Homeland Security of the Tucson Sector  
Explorer Program.

In the event I (we) cannot be contacted and the said minor shall, by  
reason of accident, illness or injury, require any character of medical  
treatment or surgery, including any and all diagnostic procedures or drugs  
related thereto, this instrument will authorize,

Name & Title \_\_\_\_\_

of the U.S. Border Patrol, or his designate, including any sworn Border  
Patrol Agent of the Tucson Sector, to consent to the medical treatment of  
said minor and to do each and every act necessary to provide for said  
medical treatment.

It is understood that in the event of a serious illness or injury, reasonable  
efforts to reach me will be attempted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone number w/ area code

## RELEASE OF LIABILITY/ ASSUMPTION OF RISK

In consideration of being allowed to participate in the Customs and Border Protection Explorer Program, I, the undersigned (or parent/guardian of minor participant under the age of 18) my heirs, assigns, executors or administrators do hereby release and discharge the United States of America, Officers, Agents, Employees and all other personnel of the Department of Homeland Security, Customs and Border Protection from all claims of damages, demands and causes of action whatsoever, in any manner, arising from or as a result of said participation, whether caused by negligence or otherwise.

I attest and verify that I have full knowledge of the risks and dangers involved in the Customs and Border Protection Explorer Program that myself (or minor child under the age of 18) is engaged in. My (his or her) presence and participation is voluntary and I (he or she) willingly and knowingly assume these risks. These include the risks of personal injury, disablement and death by virtue of but not limited to, the nature of the activities in which CBP Explorers participate, riding in Customs and Border Protection service vehicles, the exercises planned or in the process of being involved in the aforementioned program.

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(Signature of Parent or Legal Guardian of minor participant)      Date

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(Print complete name of Explorer)

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(Address)

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(Telephone#)

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Signature of adult Explorer over the age of 18      Date

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Date of Birth

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