Camper Name:			
RELEASE, MEDICAL RELEASE/PERMISSION, PHOTO RELEASE, ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS INDEMNIFICATION AGREEMENT			
I, the legal parent and/or guardian of and on behalf "PARTICIPANT", for and in consideration of the privilege of participating in the City of Georgetown Parks and Recreation Camp Program ("PROGRAM") and recognizing that these activities involve certain inherent dangers, do hereby agree to assume all risks attendant to such activity, including, but not limited to, motor vehicle accidents and/or pedestrian accidents on either public or private property, and do for myself, for and with my heirs, hereby agree to waive all claims againsts and release, indemnify, defend and hold harmless the CITY OF GEORGETOWN, all of its officers, employees, agents and representatives, ("CITY") in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or death of any person, or for loss of, damage to, or loss of use of any property arising out of or in connection with participation in the PROGRAM. Such indemnity shall apply regardless of cause or of any fault or negligence of the CITY. It is the express intention of the parties hereto, both participant and the CITY, that the indemnity provided for in this paragraph is indemnity by the participant to indemnify and protect the CITY, from the consequences of the CITY's own negligence or participants' own negligence, whether that negligence is the sole or concurring cause of any injury, death, or damage. I certify that PARTICIPANT has not been advised by a health care professional that PARTICIPANT should not participate in the PROGRAM or other similar physical activities. In the event PARTICIPANT is injuried as a result of his/her participation in the PROGRAM, and it becomes necessary that he/she receive medical treatment, I expressly includes all costs of emergency care and/or transportation. I grant permission for any emergency medical treatment, operation, or anesthesia that might become necessary. I authorize the CITY to tran			
Print Name:	Signature:	Date:	
Registration Fees and Agreement			
Full refunds will only be given if notice is received 14 or refund, minus \$15 nonrefundable processing charge, will have read the Registration Agreement and I understand	ill be given with less than 14 days' notice.		
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Print Name:	Signature:	Date:	
Camp Behavior Policy			
Campers must abide by all camp rules while at camp. Failure to follow camp rules will result in disciplinary action as camp staff deems necessary, up to and including expulsion from camp for the remainder of the program without refund. I understand and agree to the camp behavior policy.			
Print Name:	Signature:	Date:	

DAY CAMP/KIDS' NIGHT OUT Registration 2018/2019 Georgetown Parks and Recreation