

# LOVELL RECREATION DEPARTMENT CONSENT TO PARTICIPATE & LIABILITY RELEASE

Name of Participant: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name of Participant: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name of Participant: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name of Participant: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # : \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell # : \_\_\_\_\_

I/we being the parent/guardian of the above named participant(s),  
 in consideration for acceptance in the activities as indicated:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Soccer          | <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Boys/Girls Basketball      |
| <input type="checkbox"/> Flag Football   | <input type="checkbox"/> Taekwondo     | <input type="checkbox"/> Swim Lessons (summer 2018) |
| <input type="checkbox"/> Tackle Football | <input type="checkbox"/> Pup Wrestling | <input type="checkbox"/> Swim Exercise or Swim Fit  |
| <input type="checkbox"/> Volleyball      | <input type="checkbox"/> Summer Camps  | <input type="checkbox"/> Other _____                |

My child, (or I), wish to participate in the above mentioned activity  
 during the calendar year **August 1, 2017 – August 31, 2018.**

I have read or been informed by staff of the activity for which the student is registering and do hereby release and discharge Lovell Recreation Department, North Big Horn County School District #2, their boards and all persons or personnel related to or employed by the said organization from all actions, claims, demands or damages and costs accrued or any that may after be accrued on account of bodily injury, known or unknown, sustained resulting from accident injuries or damage while participating in said activity.

I hereby give my consent for my son/daughter to participate in the activity mentioned above as offered by the Lovell Recreation District, and will abide by all policies governing their programs/activities.

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Please list any special health issues or limitations: \_\_\_\_\_  
 If a sudden illness, injury or serious medical emergency should occur while participating in the above mentioned activities and a parent/guardian cannot be reached, I hereby authorize Lovell Recreation Department to take my child to the nearest emergency medical center for treatment.

Doctor Name: \_\_\_\_\_ NBH Doctor Clinic, ( \_\_\_\_\_ ) Phone # : 307-548-5201  
 \_\_\_\_\_ Other, Please List: \_\_\_\_\_ Phone # : \_\_\_\_\_

Emergency Contact: **(not yourself)** \_\_\_\_\_  
 Phone # : \_\_\_\_\_ Cell # : \_\_\_\_\_

p  
 Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Participants Signature (if over 14): \_\_\_\_\_

(Printed) \_\_\_\_\_ (Printed) \_\_\_\_\_