

LOVELL RECREATION DEPARTMENT CONSENT TO PARTICIPATE & LIABILITY RELEASE (during COVID-19)

Name of Participant: _____ Grade: _____
 Name of Participant: _____ Grade: _____
 Name of Participant: _____ Grade: _____
 Name of Participant: _____ Grade: _____

Parent/Guardian Name: _____ Cell # : _____

Address: _____

I/we, 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"/> Pup Wrestling	<input type="checkbox"/> Boys/Girls Basketball
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Swim Fit	<input type="checkbox"/> Swim Lessons (summer 2021)
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Football (Tackle / Flag)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Summer Camps (G Bb __ , B Bb __ , VB __ , Fb __ , Swim/Dive __)		

My child, (or I), wish to participate in the above checked activity/activities
during the calendar year **August 1, 2020 – August 31, 2021.**

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, any illness sustained or resulting from COVID-19, accident injuries or damage while participating in said activity. My student may be checked prior to any or all activities according to the COVID-19 Health Checklist AND their temperature screened. _____ **(please initial)**

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.

I hereby give Lovell Recreation District permission to use photos of my child(ren) participating in above mentioned activities, on the Lovell Recreation Facebook page and website by signing this form.

If you DO NOT want their picture to appear initial here: _____

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.

NBH Doctor Clinic, (Doctor Name: _____) Phone # : 307-548-5201

Other Doctor, Please List: _____ Phone # : _____

Emergency Contact: **(not yourself)** _____ Cell # : _____

.Parent or Guardian Signature: _____ Date: _____ Participants Signature (if over 14): _____

(Printed) _____

(Printed) _____