

Transportation Waiver

Child's Name: _____ DOB: _____

I, the undersigned, give my consent for the child identified above to be transported by the Old Town Recreation Center and will assume all liability for my child's participation in the activity/event and any injury that may result during the transport or at the event/activity.

I will not hold the Old Town Recreation Center, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to my child in the course of such activities or travel.

I hereby accept financial responsibility for personal items lost by my child.

I authorize the Old Town Recreation Center to transport and to obtain through a physician of their choice, any emergency medical care that may become reasonably necessary for my child 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.

I accept full responsibility and hereby grant permission for my child to travel with the Old Town Recreation Center.

Parent /Guardian Signature

Date

(This Waiver expires 08/31/17)