

THIS FORM EXPIRES AFTER THE LAST DATE OF THE LISTED (BELOW) PROGRAM.

**RELEASE:** I HEREBY ASSUME ALL RISK(S) RELATED TO MINE AND/OR MY CHILDS PARTICIPATION IN THIS ACTIVITY AND RELEASE AND FOREVER DISCHARGE THE TOWN OF WEST SENECA AND ITS AGENTS, EMPLOYEES, VOLUNTEERS AND/OR STAFF FROM ANY RESPONSIBILITY, LIABILITY OR LOSS SUFFERED IN CONNECTION WITH THIS ACTIVITY. I UNDERSTAND AND AGREE TO FOLLOW ALL THE RULES SET FORTH BY THE TOWN OF WEST SENECA FOR THIS PROGRAM AND/OR FACILITY.

**PHOTO WAIVER:** I AUTHORIZE THE TOWN OF WEST SENECA RECREATION DEPARTMENT TO TAKE PHOTOGRAPHS AND VIDEO FOOTAGE OF ME AND/OR MY CHILD WHILE I AM PARTICIPATING IN ANY PROGRAMS BEING RUN BY WEST SENECA RECREATION. I UNDERSTAND THESE PHOTOGRAPHS AND VIDEO FOOTAGE WILL BE USED FOR MARKETING PURPOSES, WEST SENECA RECREATION DEPARTMENT BULLETINS, WEST SENECA RECREATION BROCHURES, POSTINGS ON THE WEST SENECA RECREATION DEPARTMENT WEBSITE, SEEN ON TV'S IN LOCAL BUSINESSES, YOUTUBE AND OTHER SOCIAL NETWORKING SITES.

**REFUND:** I UNDERSTAND THERE ARE NO REFUNDS FOR THIS PROGRAM. REGARDLESS OF THE CIRCUMSTANCE.

**DROP OFF & PICK UP:** PARENTS/GUARDIANS MUST WALK THEIR CHILD IN/OUT AND SIGN THEIR CHILD IN/OUT OF THE PROGRAM EACH TIME THEY ARE DROPPED OFF AND/OR PICKED UP. CHILDREN WILL NOT BE ADMITTED INTO OR RELEASED FROM THE PROGRAM WITHOUT A PARENT/GUARDIAN. FAILURE TO PICK UP YOUR CHILD AT THE PROGRAM ENDS TIME (OR WITHIN 5 MINUTES OF THE PROGRAM END TIME) WILL RESULT IN YOUR CHILD NOT BEING ABLE TO PARTICIPATE IN THE PROGRAM FOR THE FOLLOWING THREE PROGRAM DATES. IT IS SUGGEST PARENTS/GUARDIANS STAY IN THE BUILDING.

**BIRTH DATES:** I UNDERSTAND MY CHILDS DATE OF BIRTH MUST COMPLY WITH THE ALLOWED DOB FOR THE PROGRAM SESSION. FAILURE TO FOLLOW THIS RULE WILL RESULT IN RESULT IN THE CHILD NOT BEING ABLE TO PARTICIPATE IN THE PROGRAM FOR THE FOLLOWING THREE PROGRAM DATES. IT IS SUGGEST PARENTS/GUARDIANS STAY IN THE BUILDING

**SPECIFIC NEEDS AND ALLERGIES:** I UNDERSTAND I MUST NOTE BELOW IF MY CHILD HAS A SPECIFIC NEED OR ANY ALLERGIES. THIS WILL ALLOW RECREATION STAFF TO ADAPT THE PROGRAM FOR ALL NEEDS.

I GIVE PERMISSION FOR THE BELOW LISTED INDIVIDUALS TO PICK UP MY CHILD AND FOR WEST SENECA YOUTH & RECREATION TO RELEASE MY CHILD TO THE BELOW LISTED INDIVIDUALS:

- 1.
- 2.
- 3.

**CHILD/YOUTH NAME (FIRST, LAST):** \_\_\_\_\_

**CURRENT PROGRAM NAME:** \_\_\_\_\_

**PARENT/ GUARDIAN PRINT NAME:** \_\_\_\_\_

**PARENT/ GUARDIAN SIGNATURE:** \_\_\_\_\_

**PARENT/ GUARDIAN CONTACT PHONE NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RECREATION STAFF**

**IF THE FORM WAS COMPLETED IN FRONT OF YOU BY THE PARENT/GUARDIAN PLEASE ADD THE ADDITIONAL APPROVED PICK UPS TO THE PLAYERS FORM IN THE BINDER/FOLDER. THEN PROVIDE THIS FORM TO LAUREN J. MASSET, RECREATION SUPERVISOR.**

**IF THE FORM WAS NOT COMPLETED IN FRONT OF YOU BY THE PARENT/GUARDIN PLEASE CALL THE NUMBER LISTED FOR PARENT #1 (IF YOU CANNOT REACH #1, CALL #2) ON THE PLAYER ROSTER TO CONFIRM THIS INFORMATION IS VALID. THEN ADD THE ADDITIONAL APPROVED PICK UPS TO THE PLAYERS FORM IN THE BINDER/FOLDER. THEN PROVIDE THIS FORM TO LAUREN J. MASSET, RECREATION SUPERVISOR.**

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