## After School Rendezvous Child Emergency Contact Form

Name of Child:						
Allergies:						
	Parent/Guardian #1:	First Name	Last Name			
box if infort changed		Home Phone	Work Phone	Cell Phone		
	Parent/Guardian #1:	E-mail address				
box if info t changed	Parent/Guardian #2:	First Name	Last Name			
		Home Phone	Work Phone	Cell Phone		
	Parent/Guardian #2:	E-mail address				
eck box if i s not change	Emergency Person: _	First Name	Last Name			
		Home Phone	Work Phone	Cell Phone		
<u>Liability Waiver</u>						

In consideration of your accepting my or my child's participation in the Program, I do hereby for myself, my child, my heirs, executors and administrators waive, release and discharge Plymouth Township, its officials and employees, successors and assigns, from any and all rights and claims for damages I or my child may have against Plymouth Township, its officials and employees, successors and assigns, for any and all injuries suffered by myself or my child in our participation in the Program. I agree to hold harmless and defend Plymouth Township, its officials, employees, successors and assigns, from any and all personal injuries and property damages sustained by others by reason of our participation in the Program. I understand that no health and/or accident insurance is provided by Plymouth Township. I accept full responsibility for obtaining the same or for the payment of all expenses in the absence of such insurance. I agree that Plymouth Township shall have the right to enforce activity rules and terminate participation for failure to comply. Likewise, I grant the right to use my/our name, image and photograph, including composite or modification representations in publications, brochures, newsletter, reports, website and any and all other materials relating to Greater Plymouth Community Center and all other Plymouth Township Parks and Recreational Facilities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image. I fully release, indemnify and hold harmless Plymouth Township for any liability for actions taken on our behalf as well as for use if name or image as set forth herein.

Signature of Parent or Guardian and Date:		
	Signature	Date