

PROGRAM RELEASE FORM

CITY OF BERLIN PARKS AND RECREATION SUMMER ACTIVITIES PARKS AND RECREATION PROGRAM PICTURE RELEASE

I grant the Parks and Recreation Department and/or The City of Berlin permission to use my and/or my child's picture for promotion of recreational city activities in media types, including but not limited to: newsprint, brochures, internet web-sites, and/or the City's Channel 990 or 982 TV station.

*Signature _____ Date _____

(By signing you are acknowledging that you have read and understand the Parks and Recreation Program Picture Release Agreement)

PLEASE READ IN FULL, SIGNATURE REQUIRED for participation in Recreation Programs.

GENERAL PARKS AND RECREATION PROGRAM RELEASE AND INDEMNIFICATION AGREEMENT

The undersigned, on his or her own behalf, or on behalf of a minor child participant, understands and acknowledges that participation in Parks and Recreation programs may involve the use by the participant of sponsoring agencies' facilities and equipment outside of the direct control of the City of Berlin or its employees or agents. The undersigned, on his or her own behalf, or on behalf of a minor child participant, understands and acknowledges that participation in Parks and Recreation programs may involve an element of risk of personal injury or property damage for all participants and may cause serious injury, or even death. The undersigned, on his or her own behalf, or on behalf of a minor child participant, and on behalf of the participant's heirs, executors, administrators, and assigns, hereby release, discharge, and agree to defend and hold harmless the City of Berlin, Berlin School District, all Employees, Organizers, Sponsors, and Instructors from any and all injuries and property damages incurred by the participant and any and all claims of injury or property damage brought by third parties or other participants against the City of Berlin, School District, Employees, Organizers, Sponsors and/or Instructors for the actions and/or activities of the participant during participation in a Parks and Recreation Program.

*Signature _____ Date _____

(By signing you are acknowledging that you have read and understand the Release and Indemnification Agreement)

AGREEMENT ON CONCUSSION/HEAD INJURY AWARENESS

It is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

It is the parent's responsibility to communicate to his/her child the importance of reporting a suspected concussion to coaches.

Agreement: I have read the Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that I and/or my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that I and/or my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand and/or have communicated to my child the possible consequences of returning to practice/play too soon.

*Signature _____ Date _____

Participant and/or Parent/Legal Guardian Signature (By signing you are acknowledging that you have read and understand the Agreement on Concussion/Head Injury Awareness).

A copy of the "Concussion Fact Sheet" is available on the city website www.cityofberlin.net under Departments - Parks & Recreation Department - Concussion Fact Sheet.

SUMMER CLASS SIGN-UP

City of Berlin Parks & Recreation Department

2019 Summer Class Registration Form

PO Box 272, 108 N. Capron Street, Berlin, WI 54923

Ph: (920) 361-5437 (KIDS) Fax: (920) 361-5405

Adult Parent/Guardian Name(s): _____

Address: _____ City _____

Day or Cell Phone Number to reach in case of emergency: _____

E-mail Contact : _____

Are you a resident of Berlin? Yes No Berlin Area School District? Yes No

("Resident" applies only to individuals who reside **within the City Limits** of Berlin).

Parent/Guardian required release form signature is found on the backside of this sheet.

INDIVIDUAL'S NAME	M/F	CHILD'S DATE OF BIRTH	GRADE GOING INTO	PROGRAM CODE	PROGRAM NAME	FEE

Checks Payable to: City of Berlin
Please be certain to fill out the back of this form.

Total \$ _____

Office Use Only	Received \$	Check #	Cash	Processed by:
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