The City of Westlake Safety Town Program Emergency Medical / Liability Waiver Form

PLEASE PRINT Birth Date ______ M/F ____ Participant's Name ___ Street Address Home Phone_____ State Zip Primary Guardiau Home Phone Address (if different from above) State Zip Place of employment ______ Work Phone _____ E-Mail Address Emergency Contact: The following people can be contacted in case of an emergency and serve as people my child may be released to: Relationship _____ Phone ____ Name Relationship Phone In the event of an emergency, I grant permission for my child to be medically transported Dentist's Name _____ Phone ____ Hospital of Choice ____ I DO NOT grant permission for my child to be medically transported in the event of any emergency. Known allergies of participant Current Medications Health Concerns or Physical Impairments Signature of Legal Guardian USE OF PHOTOGRAPH I hereby grant and give the City of Westlake Safety Town the right to use the participant's image for any and all purposes including, but not limited to, private or public presentation, advertising, publicity and promotion relating hereto. Signature of Legal Guardian LIABILITY FORM (legal guardian) acknowledge that participation in the City of Westlake Safety Town Program may involve some risk of physical injury due to the nature of activities. In consideration for acceptance of these programs, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages which my child may incur in these activities, and any and all rights to such damages against the City of Westlake or its representatives, employees, independent contractors, agents or officials, directors, sponsors, or any officials of these programs, I further represent that my child is in good physical condition to participate in this program. Signature of Legal Guardian