



List activities here: _____

Parent/Guardian Consent and Release

Child/Participant:

First name: _____ Last name: _____ Birth date: _____

Please print your name legibly

I, _____, hereby certify that I am the adult parent or guardian of the participant listed above, a minor under 18 years of age, and consent to his or her participation in activities provided by Westside Community Center, LLC (hereinafter referred to as WCC). I understand that these activities may involve some inherent risks.

Medical - In the case of medical need or injury, I understand that WCC will make every reasonable effort to contact me. In the event that I or my emergency contact cannot be reached, I authorize WCC to arrange for medical services for the participant. I will be responsible for any medical and other expenses incurred on behalf of the participant. I agree that I am responsible for communicating any allergies or other relevant medical conditions to WCC staff in writing.

Waiver, Release, and Indemnification - In return for the opportunity for the participant listed above to participate in activities, I waive, release, indemnify, and promise not to sue WCC and all of its agents, directors, officers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage to or loss of my property or the property of the participant any injury to the participant. I also promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Release remains in effect indefinitely or until it is revoked in writing, prospectively only, signed by me, and bears the date that the revocation is delivered to WCC.

_____ Date _____ Signature _____

Street address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Contact's phone: _____

Photo Waiver & Consent:

I give permission to WCC to freely use the name, picture, and voice of the participant listed above in any communication regarding WCC. I release any copyright or right of publicity or privacy that they may have in their name, picture, and voice. Yes or No Initial _____

Yes, please send me information (i.e. monthly email) about activities and weather closures at Westside Community Center.

No, do not send me any information.

Office use only:

Entered into computer: _____

Form last updated: 02/13/2020