

CITY OF WILDWOOD

BYRNE COMMUNITY CENTER

PERMISSION/CONSENT FORM

NAME OF PARTICIPANT: _____

My child has permission to participate in the _____
(NAME OF ACTIVITY/PROGRAM)

Name of Activity/Program (if over 18-years-old) _____

I hereby waive for myself and/or my child the right to assert any claim against the City of Wildwood, the Byrne Community Center and any of their agents, servants or employees arising out of injury to myself or to my child due to participation in, preparation for, or travel to and from any recreation program sport or activity. I acknowledge that participation in the sport or activity authorized comes with certain risks which are hereby assumed. I relinquish any right which I or my child might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have.

I hereby authorize the director, staff and volunteers of the Community Center to act for me according to the best judgment in any emergency requiring medical attention.

SIGNATURE or SIGNATURE OF PARENT/GUARDIAN
(if under 18-years-old)

DATE