



**UNDER AGE VOLUNTEER GROUP WAIVER**

**Group:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Project:** \_\_\_\_\_

I am the person responsible for the child(ren) named below. I recognize that because of the inherent hazards of this activity, my child(ren) and/or I may sustain some injury. In the event that a child and/or I are injured and my emergency contact cannot be reached, I give my permission to the attending physician to render such treatment as would be normal, and agree to pay the usual charge for such treatment. I now release the City of Bloomington, its Parks and Recreation Department, and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from, or be in any way connected to, my participation in this activity. I understand that this release applies to both present and future injuries, and that it binds my heirs, executors and administrators. Bloomington Parks and Recreation has put safety measures in place to slow the spread of COVID-19. However, we cannot guarantee you or members of your family will not contract an illness. By participating in or attending today's event, you voluntarily assume the risk of exposure or infection, and resulting illness or death. I and/or the child(ren) may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

**Please list the names of all children and adult supervisors for whom the above waiver applies.**

Child's Name	Child's Name		
_____	_____		
Child's Name	Child's Name		
_____	_____		
Child's Name	Child's Name		
_____	_____		
Child's Name	Child's Name		
_____	_____		
Child's Name	Child's Name		
_____	_____		
Child's Name	Child's Name		
_____	_____		
Child's Name	Child's Name		
_____	_____		
Child's Name	Child's Name		
_____	_____		
Adult Supervisor Name	Adult Supervisor Name		
_____	_____		
Adult Supervisor Name	Adult Supervisor Name		
_____	_____		
Adult Signature	Date		
_____	_____		
Address	City	State	zip
_____	_____	_____	_____
Phone	email		
_____	_____		

In case of an emergency, please contact:

_____	_____	_____
Name	relationship	phone