

Camp Registration 2020

PLEASE USE A SEPARATE FORM FOR EACH CAMPER.

CAMPER INFORMATION

Name _____ Gender _____ DOB _____ Gr (Fall 2020) _____
Street _____ Town _____ Zip _____
Parent _____ Day Phone _____
Cell _____ Email _____

ATTENDANCE INFORMATION

_____ Session 1 July 6 - July 17
_____ Session 2 July 20 - July 31
_____ Session 3 August 3 - August 14

FEE INFORMATION

_____ Lower Camp (Gr. 2-4) \$600/session
_____ Upper Camp (Gr. 5-9) \$600/session

WAIVER

I, the Mother/ Father/Legal Guardian of my child, a minor, do hereby consent to my child's participation in voluntary programs of the Town of Lincoln Parks and Recreation Department. I acknowledge that my child's participation in these voluntary programs may expose my child to risks of personal injury or death resulting from such participation and the use of materials and equipment by my child and other participants, and the exposure to harm such as may be presented by the COVID-19 virus. I am aware and acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious, and is believed to be spread mainly from person-to-person contact. While the Town of Lincoln Parks and Recreation department has created new protocols and put in place preventative measures in an effort to reduce the spread of COVID-19, I acknowledge that the Town of Lincoln cannot guarantee that my child or I will not become infected with COVID-19, and I acknowledge that attending any program may increase my child's risk of contracting COVID-19.

On behalf of myself and my child, I also agree to forever release the Town of Lincoln, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Parks and Recreation Department ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to or death of my child or property damage resulting from my child's participation in the Town of Lincoln voluntary programs in the Parks and Recreation Department.

On behalf of myself and my child, I also promise, to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the Town of Lincoln's voluntary programs in its Parks and Recreation Department. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Town of Lincoln, its employees, agents, and representatives, whether any injury, harm, death, or damage, including but not limited to exposure to or infection by the COVID-19 virus, occurs before, during, or after participation in any Town of Lincoln program.

I further affirm that I have read this Consent and Release From and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage, including exposure to and infection by the COVID-19 virus, which my child may suffer in these programs.

I give permission and consent to allow photographs to be taken during program session activities and events. I further give permission and consent that any such photographs may be published (in print or media) and used by the Town of Lincoln and its agents, to illustrate and promote the program experience.

EMERGENCY RELEASE WAIVER

I give my permission for my child to take part in all activities and field trips related to the Town of Lincoln's Parks and Recreation Department. I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical or Dental Examination, treatments, etc. in the case of an emergency. In giving such permission, I acknowledge and affirm the risks, releases, and indemnification obligations as outlined above with respect to personal injury or death or damage to property resulting from the use of materials and equipment by my child and other participants, and the exposure to harm such as may be presented by the COVID-19 virus.

X _____ X _____ X _____
Parent/Guardian Signature Print Name Date

Mail forms and payment (payable to Town of Lincoln) to: Lincoln Parks & Recreation Dept, 16 Lincoln Road, Lincoln, MA 01773 or deliver to the Parks & Recreation Office, Hartwell A Pod, Ballfield Road.