PACE Center Mainstreet Center Ruth Memorial Chapel O'Brien Park

PARKER ARTS

EMERGENCY CONTACT FORM & WAIVER

List title, number, and date for each summer activity your child is attending. Submit one completed form per child to PACEedu@parkeronline.org prior to the first activity. Please call 303-805-3374 or email paceedu@parkeronline.org to reserve your child a spot in Lunch Bunch.

Summer Activity Title and Number	Dates	*Will Attend Lunch Bunch
		☐
		☐
		☐

*Lunch Bunch is only available for weekly corresponding morning and afternoon summer activities.

Student Information				
First Name	Last	Home Phone	Age	Gender
Address		City	State	Zip

Parent Information	
Parent/Guardian Name	Cell Phone
Email	Work/Home Phone
Parent/Guardian Name	Cell Phone
Email	Work/Home Phone

Emergency Contacts	
*List contacts other than parents available for emergencies and authorized pick up.	
Name/Relationship	Best Phone No.
Name/Relationship	Best Phone No.

In the event that I cannot be reached in an emergency, I give permission for the above persons to act as guardian for my child named above.

Please complete medical information on back.

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Medical Contact Information

Hopital of Choice	Phone Number
Address	

Medical Information

Please include any information regarding allergies, chronic health concerns, or any physical, dietary, and behavioral conditions requiring attention:

***NOTE:** Due to severe peanut allergies, we ask that all lunches and snacks be peanut free. All necessary medications (i.e. inhaler, EpiPen) for medical conditions must be brought to the attention of Parker Arts staff upon check in. It is the parents' responsibility to ensure that staff and class/camp providers are aware of the medication in the child's possession and of its proper use.

Medical Waiver

In my absence, I authorize the employees of the Town of Parker and the instructor of my child's class to call for emergency rescue services for my child should they be necessary in the case of injury or suspected injury, or during the times that the above named individual is participating in an activity sponsored by the Parker Cultural Department. I authorize the attending physician to administer necessary emergency medical care to the above individual upon arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services.
I understand that the Town of Parker does not provide accident, health, or life insurance coverage for the above named participant during program participation. I certify that the above name is capable of participating safely in the Town of Parker Cultural Department programs.

Waiver & Release

I, the undersigned parent or guardian of student, recognize and acknowledge that activities with the Town of Parker Cultural Department involve risk of serious injury, including permanent disability or death, and serve social and economic losses which might result from participant action, inaction, negligence of others, rules of play, or the condition of the premises or any equipment used theron. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned. I further understand that I am legally responsible for actions of the my child including, but not limited to, any damage to private or public property. I am legally responsible for my child's welfare and actions including personal needs and medical expenses. I agree to indemnify and hold the Town of Parker, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury which may result from my or my child's participation in activities sponsored by the Town of Parker Cultural Department. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of the Town. I further agree to release, waive and discharge, and covenant not to sue the Town for any claims, demands, or actions whatsoever arising out of any damage, loss, or injury incurred on or to me or my child as a result of my participation or my child's in activities sponsored by the Town. This release of liability and indemnity applies to me, the undersigned, or my child, as well as any personal representatives, assigns, heirs and next of kin.

Photography Release

I hereby give permission to Parker Arts, without obligation to me, to use any photography, film footage, tape recordings; which may include my child's image or voice for the purpose of promoting Town of Parker Cultural programs.

Please check here if you DO NOT want your child to have a Photo Release. It is your responsibility to ensure staff and class/camp providers are aware of your photography preferences.

Parent/Guardian Signature **Date**