Sacramento Friends Playgroup

Release Form

PARENT NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE TYPE OR PRINT NEATLY. INCLUDE LAST NAMES OF ALL CHILDREN**

**CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this child have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any physical limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any other items we should be aware of:

**Please read the following information carefully. Your signature indicates that you fully**

**understand and agree to abide by the terms of the Sacramento Friends Playgroup.**

This form must be signed in order to engage in **the Sacramento Friends Playgroup**. The release may not be altered in any way.

**TRIP AND ACTIVITY APPROVAL**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission to my child(ren) to attend all **Sacramento Friends Playgroup** Excursions and Trips. I hereby grant permssion to my child(ren) to participate in **Sacramento Friends Playgroup** activities including but not limited to sports, crafts, games, and

special events.

**BEHAVIOR CODE**

Good behavior is encouraged at all times. **As part of the Sacramento Friends Playgroup** it is important to nurture and direct your child to respect and care for the others in the class. In the

event that a behavior problem constitutes actions harmful to others or is disruptive to the playgroup, the child may be asked to sit out for the remainder of the day’s activities.

**INFORMED CONSENT AND RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ voluntarily participating in the referenced activity, understand that such participation does not establish or imply an employer-employee or an agency relationship with the **Sacramento Friends Playgroup**. I acknowledge and agree that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity and understanding this I state that I have no knowledge of any conditions that would prohibit my child from safely participating. Please note: The **Sacramento Friends Playgroup** does not provide any insurance coverage of any kind for your participation. The **Sacramento Friends Playgroup** strongly recommends that appropriate insurance be obtained by each participant.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and in the event that the undersigned is under 18 years of age, the undersigned’s parents or guardian, in consideration of the request and permission to participate in the referenced activity, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the **Sacramento Friends Playgroup** from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the **Sacramento Friends Playgroup**, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occuring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members.

**PERMISSION FOR MEDICAL TREATMENT & TRANSPORT**

I, the undersigned, hereby grant the **Sacramento Friends Playgroup** and agents thereof, permission to summon 911 in the event that myself or my child(ren) require advanced first aid or medical treatment. I further grant permission to transport myself or my child(ren) to another center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and ememrgency medical technicians or paramedics to treat myself or my child(ren) if such treatment is reasonably required.

**PHOTOGRAPHIC RELEASE**

I grant the **Sacramento Friends Playgroup** at its discreation and free of charge, permission to use still photography of myself or my child(ren) participating in District sponsored recreation programs for the purpose of publicizing said programs.

Signature or Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_