



# LOUISVILLE PARKS AND RECREATION

## Louisville Parks and Recreation Department

(Each participant must fill out)

I hereby grant my child/ward \_\_\_\_\_ permission to participate in the 2018 Louisville Parks and Recreation Holiday Talent Showcase on December 20<sup>th</sup> at the Molly Leonard Portland Community Center.

Emergency Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Photo Release Information

The Louisville Metro Government and Louisville Parks and Recreation Department document their recreation programs for promotional use year around. Photographs and video tape maybe taken to use in brochures, seasonal program guides, public event displays, department program videos and/or other uses. If the Louisville Metro Government and Louisville Parks and Recreation Department have your permission to photograph and videotape your child and yourself while participating in various activities please sign below:

Sign here: \_\_\_\_\_

### Please read the following carefully

I am aware that strenuous activities could be involved in the above named person's participation in programs, activities and field trips associated with the Louisville Metro Government and Louisville Parks and Recreation and I have determined that the above named person is in adequate condition for him/her to participate in such programs, activities and /or field trips.

I understand and agree that any injuries sustained by the above named participant will not be covered (paid for) by the Louisville Metro Government and Louisville Parks and Recreation Department and that adequate medical insurance to cover such injuries must be acquired and maintained on behalf of the above named person.

I agree, as parent or legal guardian on behalf of \_\_\_\_\_, or on my own behalf as a legal adult and on behalf of his/her or legal representatives to forever refrain from asserting against the Louisville Metro Government or the Louisville Parks and Recreation Department, their elected and appointed officials, employees, agents, servants and successors in interest thereof any claims, demand,

action or suit whatever kind or nature either directly or indirectly for injuries or damages to person's participation in any Louisville Metro Government activities.

I agree, as parent or legal guardian on behalf of \_\_\_\_\_, or on my own behalf as a legal adult and on behalf of his/her or legal representative to indemnify and hold harmless the Louisville Metro Government and the Louisville Parks and Recreation Department, their elected and appointed officials, employees, agents, servants and successors in interest from all claims, damage, losses and expenses including damages or injuries arising out of transportation to and from any such related Louisville Metro Government or Louisville Parks and Recreation Department activities.

By placing your signature below, you certify that you have carefully read this form and the terms and conditions set forth herein; and that you agree by said conditions and terms, and certify that all information is true, current and correct and maybe relied upon by the Louisville Metro Government and the Louisville Parks and Recreation Department.

Sign here: \_\_\_\_\_ Date signed \_\_\_\_\_

***It is the intent of Louisville Parks and Recreation to make all programs and facilities accessible to individuals with disabilities; if an accommodation is necessary for your participation, please advise us of the needed service in advance. TDD: 502/456-8183***