

2024 Summer Camp Extended Supervision Pelham Parks and Recreation

Extended supervision is being offered at Pelham Veterans Memorial Park before and after the Pelham Parks and Recreation sponsored Summer Camp. The supervision is available for children ages 6 and up, from 7:30am to 5:30pm around the camp hours of 9:30am to 3:30pm. The cost is \$2.00 per half hour. Payments are expected each Friday; **checks payable to Town of Pelham**. Please be certain you send an extra drink and snack for children in after care (or cash to buy drink/ice cream). Available at PVMP only. Complete this form if you may need the service; let us know what hours you need before week one of camp. No camp or daycare may be offered on heavy rain dates. You must have a backup plan! You will be asked to sign your child in and/or out of care so you must come INTO the lodge with them.

Child's Name	Address	Age	Phone
Child's Name	Address	Age	Phone

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participant named in the Pelham Parks and Recreation Summer Extended Supervision, I/we shall release, waive, discharge and covenant not to sue the Town of Pelham, Parks and Recreation Dept., their agents and employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Pelham, Parks and Recreation Dept., its agents and employees or otherwise while the named participant participates in the Pelham Parks and Recreation Summer extended care supervision at any of the Town park facilities.

I/we further agree to indemnify the Town of Pelham, Parks and Recreation Dept., their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Pelham, Parks and Recreation Dept, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments against the Town of Pelham, Parks and Recreation Dept., their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Town of Pelham, Parks and Recreation Dept., their agents or employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Town of Pelham, Parks and Recreation Dept. that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I acknowledge that I have received and read the General Information form given with registration and understand the zero-tolerance policy of this dept. as it pertains to the camp, field trips and this program.

I/we understand that the above program may involve traveling to various activity sites. I/we accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnity and hold harmless persons providing such transportation.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it's an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child. I/we understand that the outline of this program is subject to change without notice and that my child may be videotaped or photographed during participation. I/we further agree the privileges may be revoked upon any participants at the sole discretion of the Director of Parks and Recreation.

I/we, the parent or legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with willful knowledge of its significance. I/we have executed this release on this date indicated next to my name.

Signature of Parent/Legal Guardian

Date

In case of emergency and parent cannot be reached, contact:

Name	Relationship	Phone
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