CITY OF ALBUQUERQUE PARKS & RECREATION YOUTH PERMISSION/LIABILITY RELEASE FORM

Signed	Date:	Relationship:	-
This signature applies to all of the above	···		
concerning my child: child's age, excep	otional/special needs, ar	to the Indoor Track facility the following information and child's special restriction limitations. I understartlity staff to plan appropriate activities for the Indoor	nd
condition is suitable for the program (in covered by a medical insurance policy a my child during the program or make child/ward will seek to hold the City employees, volunteers, and agents lial allowing my child to participate in the Albuquerque, staff and volunteers asso damages, lawsuits, expenses or charges	a cluding a doctor's phy and that I will either pay a claim for our medic of Albuquerque, Indeble for medical expen program, I hereby fore ociated with the Indoc [of] whatsoever kind w	dvisable to ascertain that my child's physical ysical, if appropriate). I also confirm that my child y any medical bills arising out of an injury suffered by cal insurance to pay same and that neither I nor more loor Track facility nor the above entities; director ases. In consideration of the City of Albuquerque ever release, discharge and hold harmless the City of Track facility from any and all claims, demand which may hereafter accrue or result from any injurious in the City of Albuquerque, Indoor Track facility	by ny rs, ie, of is,
television, film, radio or printed media magazine articles, booklets, posters, and claims in its usage Initial	to further the aims of	Frack facility to record my child's likeness for use to f those activities and programs in related campaign by may see fit. I hereby release them from any and a	ıs,
the course of his/her attendance or partistaff as the organizers of this activity medial/ward to the emergency room of the provide treatments deemed necessary by	nay appoint or designar e nearest hospital, and y them for the well bein	medical or surgical treatment and/or medication during Track facility, I authorize such physicians or medicate to carry out the necessary treatment, or to take medical I further authorize the hospital and its medical staffing of my child/ward. It is understood, however, that red, I will be contacted, if at all possible by telephone.	al ny to if
nerecy consent and agree to the followin	*5.		
Department allowing my child_hereby consent and agree to the following hereby consent and agree hereby consent agree hereby		attend and participate in the Indoor Track facility.	I
		on of the City of Albuquerque, Parks & Recreation	_
		Id give my permission for him/her to participate in the I understand my child may need appropriate clothin	

Revised April 2010