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

		nd give my permission for him/her to participate in the I understand my child may need appropriate clothing,
supplies or may need to pay a fee. For	r and in consideration	on of the City of Albuquerque, Parks & Recreation
Department allowing my child	to	attend and participate in the Indoor Track facility. I
hereby consent and agree to the following). }.	
CONSENT OF TREATMENT		
the course of his/her attendance or particle staff as the organizers of this activity matchild/ward to the emergency room of the provide treatments deemed necessary by the staff of the provide treatments deemed necessary by the staff of the provide treatments deemed necessary by the staff of the provide treatments deemed necessary by the staff of the sta	sipation in the Indoor ny appoint or designate nearest hospital, and them for the well bei	nedical or surgical treatment and/or medication during a Track facility, I authorize such physicians or medical atte to carry out the necessary treatment, or to take my I further authorize the hospital and its medical staff to an of my child/ward. It is understood, however, that if red, I will be contacted, if at all possible by telephone
MEDIA		
I hereby grant permission for the employ television, film, radio or printed media t	to further the aims o	Track facility to record my child's likeness for use by f those activities and programs in related campaigns, by may see fit. I hereby release them from any and all
LIABILITY		
condition is suitable for the program (incovered by a medical insurance policy and my child during the program or make a child/ward will seek to hold the City of employees, volunteers, and agents liable allowing my child to participate in the participate in the participate, staff and volunteers associated as a suitable participate in the participate in	cluding a doctor's phase d that I will either pass claim for our medion of Albuquerque, Include for medical expensions, I hereby for ciated with the Indocof whatsoever kind	dvisable to ascertain that my child's physical ysical, if appropriate). I also confirm that my child is y any medical bills arising out of an injury suffered by cal insurance to pay same and that neither I nor my loor Track facility nor the above entities; directors, uses. In consideration of the City of Albuquerque, rever release, discharge and hold harmless the City of or Track facility from any and all claims, demands, which may hereafter accrue or result from any injuries on in the City of Albuquerque, Indoor Track facility.
INFORMATION RELEASE		
concerning my child: child's age, excepti	ional/special needs, a	to the Indoor Track facility the following information and child's special restriction limitations. I understand staff to plan appropriate activities for the Indoor Track
This signature applies to all of the above:		
Signed	Date:	Relationship:

Revised April 2010