

**TOWN OF GRANBY RECREATION DEPARTMENT
PROGRAM LIABILITY / EMERGENCY PROCEDURE
INFORMATION 2024 – 2025**



(Fall '24)

Name of Participant _____ Birthdate _____ Age _____ Grade _____
Mailing Address _____ Physical Address _____
E-mail Address _____
Parent / Guardian Name(s) (1) _____ (2) _____
Home / Cell Phone (1) _____ (2) _____ Work Phone (1) _____ (2) _____
In case of emergency, if parent / guardian cannot be reached, please contact: (child may be released to)
Name _____ Phone _____ Relation _____ Address _____
Name _____ Phone _____ Relation _____ Address _____
Insurance Company _____ Policy Number _____
Hospital / Clinic Preference _____
Physician _____ Phone _____
Allergies _____
Medical conditions we should be aware of _____
Other people authorized to pick up child (incl. phone #) _____
Special instructions as to how parents can be reached during day camp hours? _____

I, the undersigned, am the participant, parent, or legal guardian of the child indicated above, who is participating in a Granby Recreation Department program. The program may involve running, hiking, swimming, indoor and outdoor sports activities, and field trips in and out of Grand County, etc.

I/we, hereby request that the Town of Granby Recreation Department (hereafter GRD) accept the application of myself, my child / children for enrollment in any GRD sponsored programs. In submitting and signing this application, I/we represent that I/we am/are aware of the risks and potential dangers involved in connection with the transportation and participation in attending any recreation programs, and that I/we know that risks and dangers may arise, absent gross negligence, driving to and from, as well as during any recreation program.

Now, therefore, in consideration of the acceptance of the participant in the GRD programs, I/we for myself/ourselves and all other members of my/our family, hereby release and discharge the Granby Recreation Department, the Town of Granby, their Boards of Directors, employees, agents, and volunteers from any and all claims, demands, and causes of action of any sort, including negligence, totally or partially causing injuries sustained to the person or property of the participant resulting in connection with participation, directly or indirectly, in the GRD programs for any reason or fault.

SIGNED _____ DATE _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE: I hereby understand that basic first aid may be given for minor injuries to myself, my child / children. I hereby give my consent, in the event that all reasonable attempts have been unsuccessful to contact me at the telephone number listed above, to the administration of any treatment deemed necessary by our physician listed above, or in the event he / she is not available, by another licensed physician, and transfer myself, my child / children to the hospital listed above or any hospital or clinic reasonably accessible. This consent does not cover major surgery unless the medical opinions of two licensed physicians concur in the necessity for such surgery. I agree to pay for all expenses incurred including reasonable attorney’s fees if I fail to make such payment.

SIGNED _____ DATE _____