

LEE COUNTY PARKS & RECREATION

Camp Participant Supplemental Information and Behavior Contract



(Must be returned to the camp site before the first day of camp)

30 Octory					
1. Camper's Name:				_Birthdate: _	
2. Camper's Name:				_Birthdate: _	
3. Camper's Name:				_Birthdate: _	
Address:		City:		State:	Zip:
Parent/Guardian (1) Name:]	Relation to Ca	mper(s):	
Daytime/Work Phone #	me/Work Phone #Cell Phone #_		Ho	me phone #	
Parent/Guardian (2) Name:			Relation to Camper(s):		
Daytime/Work Phone #	Cell Phone #		Home phone #		
ease list all other persons authorized to pi	ck up camper(s):				
Name:	P	hone #		Relationshi	p:
Name:	PI		one #Relationship:		p:
Name:			#Relationship:		p:
Name:					
Check here if requesting program	accommodation n	nodification or	inclusion ser	vices and you	will be contacted
Help us keep your child(ren) safe b	by checking EAC	H statement l	pelow and ac	dding detail:	s as necessary:
		T		1	
Camper's Name:	t child(ren) names:		Detai	ls	
Camper's Name: Camper knows how to swim. If no, list	. ,			ls	
Camper's Name: Camper knows how to swim. If no, list Camper has allergies (including food, allergies). If yes, list name and detailed	environmental d information:		Detai		
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Staff Use:

Date Reviewed _____

Staff Initials _____



LEE COUNTY PARKS AND RECREATION PARTICIPANT WAIVER FORM



WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS AND RECREATION PROGRAMS/ACTIVITIES

PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks and Recreation program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County Park programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in park programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have or accrue to me or my child/ward as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I indemnify and hold harmless Lee County, any of its employees and/or agents from any and all claims from my use of county property or participation in any county programs. I will further indemnify and "hold harmless" the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law. I further indemnify and hold harmless Lee County, its employees and agents, from any claims arising from or otherwise due to exposure of my child(ren) or other family members to COVID-19 that may have occurred at the Lee County Park programs/activities s/he is attending

I agree that, in the event my child is sick, ill or otherwise not feeling well, Lee County will be contacting me to pick up my child from the Lee County Park child will not return to ndina the

	n may be used for purposes, including but not limited al public. Initial here to decline for all children liste	
	I responsibility for this participant, do consent and agr 's involvement or participation in the program as prov	
	aslated intoand read or had the transl sk, assumption of risk and waiver and release of ame legal effect as an original form signature	
PARTICIPANT'S SIGNATURE	PRINT NAME OF PARTICIPANT	DATE
	MINOR(S) NAME (LIST EACH CHILD ABOVE)	
SIGNATURE OF PARENT OR GUARDIAN	WITNESS	DATE
(Printed Name) PARENT OR GUARDIAN	_	
The camper and p	parent/guardian should review and sign this	section together
I, , , Camper(s) Name	, will follow the rules daily including special activities:	when on field trips and during
2. I will be polite and conduct my		
3. I <u>will</u> use appropriate language4. I <u>will</u> use vehicle seatbelts who	e and I <u>will not</u> fight or verbally abuse another penever provided.	person.
5. I will dress APPROPRIATELY	Y (No provocative or indiscreet dress) and wea	r closed toed shoes.
	Parent/Guardian's Signatur	re Date

Participant/Camper's Signature