

## Fishing Club - Sponsored by Dundee Parks and Recreation



I acknowledge – on my behalf and on behalf of any of my children listed below – my understanding that there may be unique risks associated with fishing on the banks of Raisin River or any other body of water. I also acknowledge that I know and understand the risks associated with fishing and the participants are assuming those risks knowingly and voluntarily as part of their participation.

I hereby give my son/daughter permission to participate in the Dundee Parks and Recreation Fishing Club and it will involve physical activity and such activity may increase the chance of injury. I accept responsibility for monitoring my son/daughter's health and fitness status and agree that he/she meets the physical requirements of the activities of this club and activity. I also hereby authorize in advance any necessary medical treatment required by my son/daughter named below while he/she is participating in this activity. I understand that Dundee Parks and Recreation does not accept any financial responsibility for any medical treatment expense incurred.

I further release and forever discharge the Village of Dundee and any of its elected or appointed officials, employees, agents, or representatives of any kind from any and all claims, causes of action, or damages resulting from my son/daughter's participation in the Dundee Parks and Recreation Fishing Club or any similar programs provided by the Village of Dundee.

I give permission to the Village of Dundee and its Parks and Recreation representatives, and any other individual or entity authorized by the Village of Dundee, to use my photograph or image, of the photographs or images of my minor child(ren), listed below. I waive any compensation for the use of these photographs or images. I also authorize the use of my name, and/or the names of my children, when used to identify the people in a photo or image.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parents/Guardian name (emergency contact) \_\_\_\_\_

Parent Phone \_\_\_\_\_

Family Physician's name \_\_\_\_\_

List of serious allergies, medications or medical conditions that you feel we should be aware of:

\_\_\_\_\_

2<sup>nd</sup> Emergency contact \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_