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C.Y.A.S. Camps / Clinics Release of Liability Form

I give permission for my child (Name) _____ to participate in all youth camps and/or clinics sponsored by **City of Claremore**. I agree that my child will abide by all rules and regulations adopted and published by **City of Claremore** relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in them being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, **City of Claremore**, and their respective directors, officers, employees, agents, volunteers and/or representatives, from any and all liability occurring as a result of my child's' participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that **City of Claremore** assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release **City of Claremore** and their respective directors, officers, employees, agents, volunteers and/or representatives from such liability.

Permission to Photograph/Video Tape

I hereby give permission to photograph or video tape (Name) _____, during camps and/or clinics, associated with the City of Claremore, which my minor child is registered and participating in. These materials will only be used in support of advertising or marketing for the Youth Activities and Sports Programs.

Effective coverage for the calendar year: _____

Print, sign, and date:

Parent/Guardian (Print) _____, (Sign) _____, (Date) _____

Participant (Print) _____, (Sign) _____, (Date) _____