



**MEDICAL-MEDICATION
RELEASE/HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

VANCOUVER-CLARK PARKS AND RECREATION – PARENT/GUARDIAN FORM

I/we, the undersigned, state that I/we am/are the parent(s) or legal guardian(s) of _____ . I/we am/are of lawful age and am/are competent to sign this Agreement.

I/we hereby request that Vancouver-Clark Parks and Recreation allow my/our child to participate in the _____ Program. I/we are further requesting that Vancouver-Clark Parks and Recreation allow my/our child to self-administer medications, as needed, during her participation in the _____ Program.

I/we am/are voluntarily allowing my/our child to participate in this program. I/we recognize that there are certain risks and dangers inherent in allowing my/our child to self-administer her medications during the _____ Program. I/we acknowledge that my/our child’s participation in this activity is desirable, but not essential in nature.

In consideration of Vancouver-Clark Parks and Recreation allowing my child to participate in this program and to self-administer her medications, as needed, I/we hereby agree to **RELEASE, SAVE, AND HOLD HARMLESS** the City of Vancouver and its respective officials, administrators, employees, volunteers and agents from any and all liability and claims for any damage or injury brought by me, my family, estate, heirs, or assigns arising out of my participation in this program except as may arise solely from the gross negligence of the City of Vancouver or from the acts of third parties. I understand that, by signing this Agreement, I am not waiving any rights or claims my child(ren) may have for their own damage or injury resulting from his/her/their participation in this program.

I/WE HAVE CAREFULLY READ THE FOREGOING AND I/WE VOLUNTARILY AGREE TO ALL ITS TERMS AND CONDITIONS.

Signed By: _____
Parent(s) or Guardian(s) Date

Print Name: _____
Parent(s) or Guardian(s)

Facilitator/Teacher Acknowledgement:
Signature: _____ Date: _____

Name (Print) _____