

Six Weeks of Summer Volunteer Information and Release Form
Volunteer opportunities in Boone and Winnebago Counties

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

Additional Information: _____

Six Weeks of Summer Participant Agreement: I, the participant, understand that although the City of Rockford and/or partnering agencies have taken care to provide proper equipment, suitable facilities, and trained staff, it is impossible to guarantee absolute safety. I understand that I must assume responsibility for my own safety. This means that I agree to follow any instructions and directions given me by the staff and leadership, and will seek to act carefully and with good judgment. I also agree to participate fully in all programming. Further, I agree not to carry, possess, or use any alcohol, tobacco, or non-prescription drugs of any kind at this retreat. I understand that a violation of this contract of rules will result in an immediate dismissal from the Six Weeks of Summer Program.

Parental Agreement: We, the parents/legal guardian of the child named above, do hereby consent to our said child participating in the Six Weeks of Summer Program 2010 in connection with the City of Rockford. We assume all risks and hazards incidental to such participation and we do hereby release, waive, absolve, indemnify, and agree to hold harmless the City of Rockford, their officers, agents, and any leaders, coaches, helpers, assistants, and person supervising or assisting or in any way connected with such activity for any claim arising out of or injury to our child as a result of such activity. In the event of injury or sudden illness to our child, we further specifically authorize the staff or adult leaders from the City of Rockford to consent on our behalf to any emergency medical treatment recommended by a duly licensed physician and for that limited purpose and extent, we do hereby appoint such person as our attorney-in-fact to so consent on our behalf. I (we) understand that it is my (our) sole responsibility to check with my physician regarding any physical or psychological problems, which may limit our child's participation in this program. Further, it is my responsibility to have valid and sufficient medical and accident insurance for the duration of this program. I know that City of Rockford is not responsible to provide this coverage. If my son/daughter is in possession of or is reasonably suspected of using or taking tobacco, alcohol, or non-prescription drugs, he/she may, at the discretion of the City of Rockford, be discharged from the program. I also understand that both moving and still photos of my child may be taken and used for promotional purposes of the City of Rockford's Six Weeks of Summer Program.

Dated at Rockford, IL, this _____ day of _____, 2010.

Participant Signature: _____

Parent/Guardian Signature: _____

Notary Public: _____ **Date:** _____

Please note: While notarization is not legally necessary, it does speed up any potential hospitalization or medical treatment that might be needed. For this reason, we encourage you to have your form notarized. The City of Rockford Human Services Department has a notary available who can notarize this document at no charge.

Please drop off or mail completed forms to:

City of Rockford Human Services Department – 612 N. Church St. Rockford, IL 61103