



Bexley Recreation & Parks

2016-17 School's Off- Camp's On Permission/Photo Release Form



***Please select the grade for each child.**

Name of Child/Children:

1. _____

<input type="checkbox"/> K – 3 rd Grade Located at Maryland Elementary	<input type="checkbox"/> 4 th – 6 th Grade Located at Maryland Elementary
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2. _____

<input type="checkbox"/> K – 3 rd Grade Located at Maryland Elementary	<input type="checkbox"/> 4 th – 6 th Grade Located at Maryland Elementary
--	--

3. _____

<input type="checkbox"/> K – 3 rd Grade Located at Maryland Elementary	<input type="checkbox"/> 4 th – 6 th Grade Located at Maryland Elementary
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4. _____

<input type="checkbox"/> K – 3 rd Grade Located at Maryland Elementary	<input type="checkbox"/> 4 th – 6 th Grade Located at Maryland Elementary
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Parent/Guardian's Name _____ Best Available # _____ # _____

Secondary Contact _____ Best Available # _____ # _____

Transportation by the Bexley City Schools or other Certified Transportation Company

The field trips will be scheduled and publicized as soon as set. There will be one trip scheduled for each week, however all trips are subject to change. This permission slip covers all scheduled trips for School's Off-Camp's On program.

Liability Release

I hereby grant my child permission to accompany his/her group on the above field trip(s), and do also hereby release the Bexley Recreation Department, drivers, and supervisors (staff or other) of all responsibility for any injuries which might occur traveling to and from their destination, or at their destination. I, as participant or legal guardian representing a minor participant, agree to release the City of Bexley, its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in our presence at the listed activity/activities. I/we are aware that there are certain risks of possible dangers in participation in this activity. I have entered into this agreement of my own free will.

Photographic Release

I, the undersigned participant (age 18 or older) or parent/guardian of a participant (under the age of 18), hereby give permission without restrictions to the Bexley Recreation Department and its designees or licensees to photograph, film, video or take sound recordings of me or my child, as the case may be, in connection with such participation in Bexley Recreation Department programs.

I grant the Bexley Recreation Department permission of use the negatives, prints, motion pictures, videos, digital images, and/or sound recordings, or any reproduction thereof, for promotional, informational and instructional purposes in any manner determined to be appropriate by the Bexley Recreation Department.

I waive any right to compensation or monetary damages with respect to such use by the Bexley Recreation Department of my, or my child's, name, likeness, picture and/or voice, including without limitation any claim for invasion of privacy.

I have read and understand the terms of this Photographic Release, and I am signing this release as my free and voluntary act, irrevocably binding myself, my child (if applicable) and my heirs and personal representatives.

Parent/Guardian's Name _____

(Please Print)

Parent/Guardian's Signature _____ Date _____