JEFFERSON COUNTY PARKS AND RECREATION ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT

	Rec PLAT P	i kec cent	er~ 2014-13		
Participant First Name	Last	Age	Grade(Fall 14)	MF	Birthday
Mailing Address		City		Zip	
Parent/Guardian One First Name _			Last		
Parent/Guardian Two First Name _			Last		
Home Phone	Alternate Phone		E-mail		
Emergency Contact		Pho	one		
Allergies/Special Needs If yes	, what				
Teacher:		_			
 All participants are advised that Jeffer as sports, games, drills, climbing, hikir everyday lives. This risk of injury cann discipline. The decision whether to ene Participation in the program in no way On behalf of my minor child, (or on my including serious injury, disability or discuss the nature and extent of these understanding, I freely and knowingly responsibility for my (or my minor child mental condition which may affect my program commences. On behalf of myself and on behalf of memployees, officers, volunteers or age property, personal injury, disability or applies whether the alleged injuries or fullest extent allowed by law. To the fullest extent allowed by law, I next of kin, hereby agree to indemnify from my participation in the JCPR Progliability asserted against any of the inc. On behalf of myself and on behalf of myefferson County Parks and Rec websit Sheridan Street in Port Townsend. 	(Person County Parks and Ring, swimming, or running to be wholly relieved by gage in any particular a obligates anyone to endown whether that arise from parisks with officials of the assume all such risks, with officials of the ability, or the ability of the ability, or the ability of the ents of those entities, in death, resulting from readmages arise from the particular and old harmless all the gram. This undertaking demnified parties arises by minor child, we have	lease read careful decreation Programs (ag), present a risk or any preventive me (activity that forms p (agage in any activity that forms p (agage in any activity the Participation in the JC (agage) for a proper to the JCPR in order to the JCPR program. I uniform minor child, to extent allowed by laculding as well any my or my minor child enegligence of any minor child, and for the parties released to provide indemnition wholly or partially a read and understail	lly) (JCPR) may involve so finjury higher than that easures, whether restriant of the overall prog they do not feel they pressly acknowledge my PR Program. I acknowlinform myself fully on known and unknown. I nderstand that I must roparticipate in JCPR PW), I hereby release an third party sponsors of d's involvement in any of the parties released any of our respective in Article 4 hereof froy shall apply to the full from that party's neglind the Concussion Infoi	ome strenuous physical which people no ictive rules, training ram shall be entired can accomplish. If y full understanding that I have head this subject. Based accordingly assuming rogram, to the groad forever discharge of JCPR but not limit aspect of the JCPR din the previous some and against any llest extent allowed igence.	sical activity. Some (such ormally face in their ng, equipment or personal ely the participant's. In g of the risks of injury, and full opportunity to do not that full ne full and sole medical, physical or the leader before the leader before the self. JCPR, and all of the ted to damage to R Program. This release entence on not, to the resonal representatives and and all liabilities arising and by law, even if the control of the savailable on the
I HAVE READ THIS ASSUMPTION SIGNATURE I GIVE UP CERTAIN RIGHTS JCPR Program under the terms as set for which this consent is given is called <u>Re</u>	N OF RISK, RELEASE OF A MIGHT OTHERWISE orth in this Assumpti	HAVE UNDER LAW on of Risk, Releas	CONSENT. I FULLY U	o allow my child	to participate in the
Signature of Parent or Guardian	Date	Signa	ture of Participant	(18 Years & Ol	der) Date
	<u> PHOTOG</u>	GRAPH – VIDEO	<u>CONSENT</u>		
I hereby grant permission for myself or same is intended for publication by prin of my name in connection with the publ	t media, INTERNET i	newspaper, televis	sion, video or motion		
Signature of Parent or Constitute			ture of Particinant	(10 Vaara and 1	Oldor) Dot-
Signature of Parent or Guardian	Date	Signa	ture of Participant	(18 Years and C	Older) Date



County Rec Wednesday Early Release after School Program is RETURNING TO THE REC CENTER! **620 Tyler St.** Hop on bus 202 from Grant St. Join us for some dynamic, activity exploration with multimedia art projects. The staff members are friendly, experienced and focused on providing a variety of tactile and kinesthetic experiences including art, gardening, science, cooking, sports and games!

To Register:

Registration forms available at:

- ~ www.countyrec.com
- ~ Rec Center (620 Tyler St., PT)
- ~ Grant Street School Office
 - * Please call the Bus Barn (732-4040) to sign your child up for Bus 202 to the Rec Center *

Mail or drop completed form with payment to:

Jefferson County Parks and Recreation
Mailing: 623 Sheridan Street
Port Townsend, WA 98368

Or drop off at the Rec Center 620 Tyler Street, PT

Checks payable to JCPR.

Registration complete when payment is received.

Questions?

Contact Jess Winsheimer at 385-2221 jwinsheimer@countyrec.com

Session Dates	(circle one)
Session 1	Session

Sept 17th - Oct 29TH
7 weeks

Nov 5th -Dec 17th 7 weeks

Fee Schedule

\$45 7 week session 12:45 - 3:00pm Limited Space
Call ahead to check availability.
Parents must contact the Bus
Barn to sign their child up for
bus 202!



Rec program leaders will meet students at the bus stop and escort them to a private classroom in the Rec Center. Snack will be provided!

PICK UP AT THE REC CENTER at 3:00pm.

Cash Amount	Check Amount	Check Number

For more detailed Rec PLAY PT info, call 385-2221 or visit www.countyrec.com