



GFAC Daycare Permission Forms

Danville Parks & Recreation Department

49 North Wayne Street

Danville, IN 46123

Phone (317)745-3015 ext. 4507



I, _____ (parent/guardian), hereby give permission for my child, _____ (child), to swim at the Gill Family Aquatic Center in Ellis Park located in Danville, IN.

Allergies (specially related to first aid): _____

This child is under the responsibility of _____ (Day Care Name).

Emergency Contact: _____ Relationship: _____
Primary Phone: _____ Secondary Phone: _____

WAIVER STATEMENT

For and in consideration of the above-named individual's participation in the above-identified activity/event, the parent(s) or legal guardian(s) of the participant and the undersigned waive, release and/or relinquish any and all claims, rights and causes of action including, but not limited to, claims or causes of actions for personal injury, property damage and/or wrongful death, arising out of the above names individual's participation in the aforementioned activities/event, wherever or however they occur, and for such period said activities/event may continue. By signing this Agreement, all claims, rights, and causes of action that the participant or anyone claiming on behalf of or through participant may have hereby waived, released and/or relinquished, and the participant [or parent(s)/guardian(s)] does (do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

It is the purpose of this agreement to exempt, waive and release Releasees from any and all liability to the above-named participant or any individual or entity claiming by or on behalf of participant for personal injury, property damage, and wrongful death or any other claim, right, or cause of action, even if such liability, claim, or cause of action is the result of the alleged negligence, if any, of Releasees. "Releasees" shall include Town of Danville, Park and Recreation Board of the Town of Danville, event hosts, other participants, Danville Park and Recreation Board Members and employees, Town of Danville employees, and their insurers.

In the event of any medical emergency, I authorize the Danville Parks and Recreation officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child for immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Participant and/or participant's parent(s)/guardian(s) acknowledge that they understand and have read each of the above paragraphs and have not relied upon representation of Releasees, that they are fully advised of the potential dangers of the above-mentioned activity/event, and that participant and/or participant's parents/guardians, have all legal authority to sign this Waiver and Release.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. _____ (Initials)

Parent's Signature

Date