

**TOWN OF CORTE MADERA RELEASE AND CONSENT FORMS REQUIRED FOR PARTICIPATION IN
VIRTUAL OR IN PERSON REC, INC. ACTIVITIES**

CONSENT FOR PARTICIPATION OF MINOR, Waiver and RELEASE OF LIABILITY

I hereby consent to my child, _____, volunteering with the Town of Corte Madera’s Recreation Department programs for adults with developmental disabilities. I state that my child is physically able to participate in said activity. In consideration for my child being permitted to volunteer in these programs, I voluntarily agree to assume all risks and accept sole responsibility for any injury to my child (including, but not limited to, personal injury, disability, and death), illness (including but not limited to COVID infection), damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child’s participation in any connected Town of Corte Madera programming. (“Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and agree to hold harmless, indemnify and defend, the Town of Corte Madera, its officers, employees, agents, and representatives, volunteers, and contractors of and from every and all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Town of Corte Madera, its employees, agents, contractors and volunteers, whether a COVID-19 infection occurs before, during, or after participation in any Town of Corte Madera program.

Initial _____

PHOTO RELEASE: By initialing, I understand that photographs may be taken during this activity and hereby grant my permission to the Town of Corte Madera to use photographs of myself and/or children in advertising or in promotional materials.

Initial _____

PARENTAL/GUARDIAN CONSENT FOR MEDICAL TREATMENT: I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for child participants in case of illness or accident during such program(s). In the event of injury of a child participant, and if a parent cannot be reached, the Central Marin Fire Department will be contacted to transport the injured to the nearest available emergency care facility.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Emergency Contact Telephone No.

Date

Please complete waiver and email Perry Nalle at pnalles@tcmmail.org.